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ABSTRACT

Using the systematic plan of the Public Education Project developed in Region J of North Carolina as its model, this guide presents in detail seven major steps in organizing a public education project for emergency medical services: (1) assessing needs; (2) survey methodology; (3) determining objectives; (4) media usage--both mass media and individual/group presentations; (5) establishing time frames; (6) using an emergency medical technician as prime speaker; and (7) evaluation. Lengthy appendices provide useful documentation from the North Carolina project; the survey instruments and interviewer instructions; computer programs; different kinds of publicity, including radio announcements, brochures, television scripts and slides, a sample news release, billboard design, and telephone sticker, and school lesson plans; addresses of outdoor advertisers and survey resources; a list of local and civic groups and a checklist for county groups; time estimates; and a presentation report form. (JD)

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EMERGENCY MEDICAL SERVICES

PUBLIC EDUCATION MANUAL

A HOW-TO-DO-IT GUIDE

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TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC) AND USERS OF THE ERIC SYSTEM."

IR004426

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This manual was originally composed and written using the IBM 360/370 computer at the University of North Carolina Computation Center in Chapel Hill. The system proved to be a good typist and a special thanks is due the computation center support staff for the reconstruction of "lost" data sets.

INTRODUCTION

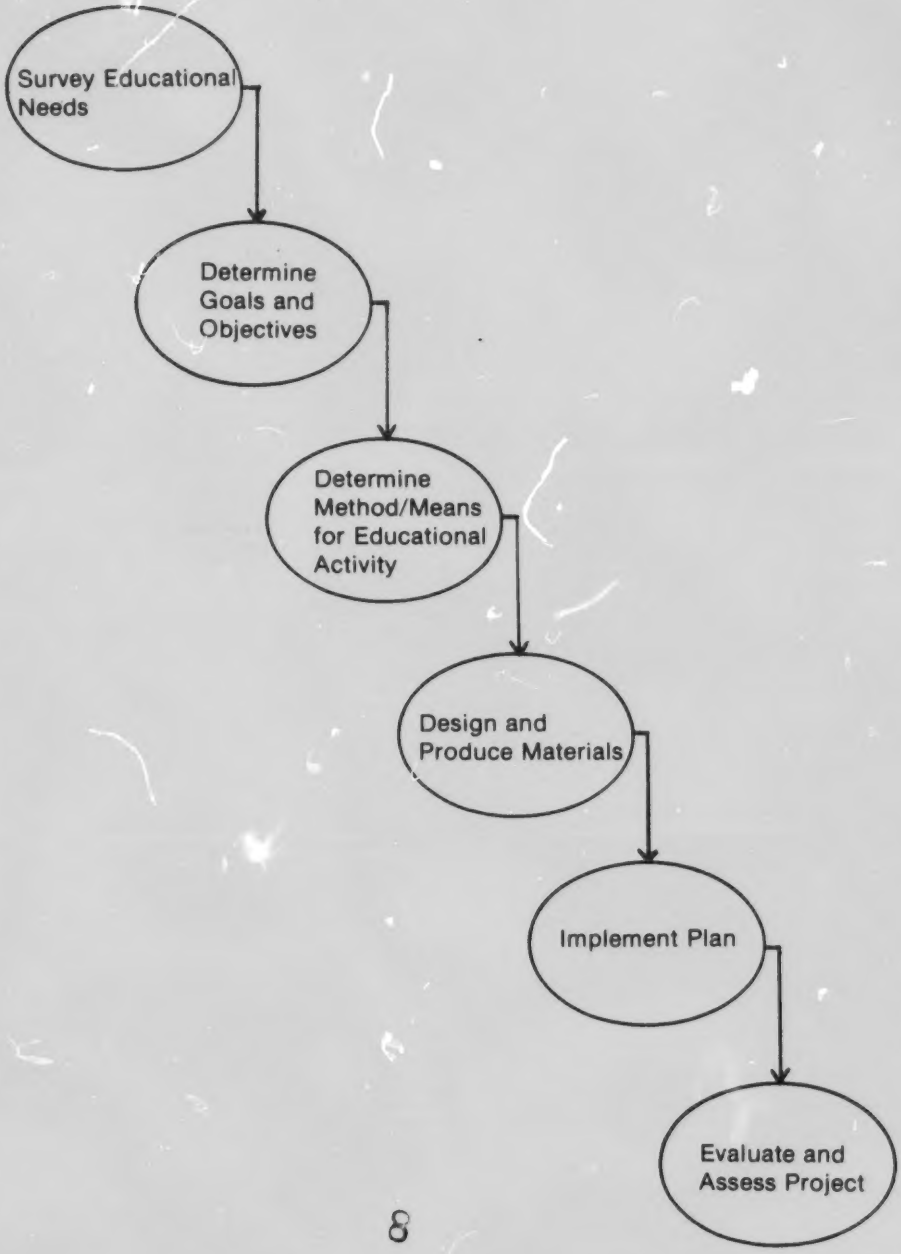
At about the turn of this century, a gentleman journeyed to the home of a young lady whom he hoped would soon become his intended. The night was rapidly closing about them but as they sat facing each other on the front porch, the young man smiled and winked and in other silent ways tried to convey his potential for romantic adventure. The hour grew late and the young man, in preparation for leaving, took hold of the lady's hand and attempted to bid her farewell with a kiss. He was immediately spurned and received a slap instead of what he expected. Many of our Emergency Medical Services Systems are in a position similar to this young man. They know what they can do and while they are aware of their considerable potential for saving lives, they are really WINKING in the dark as far as the public is concerned.

When you WINK in the dark, you may know what you are doing but nobody else does. Many times the citizens of an area have no idea of the capabilities or the potential of the EMS providers. This manual is an attempt to describe one approach to public education for Emergency Medical Services and to explain in some detail how to go about doing a similar project. While the manual is written as an entire project, it is possible to use portions of the whole as your local needs dictate. The best Emergency Medical Services system in the world will not be able to do its job if the public does not know how to gain access to the system. To make the EMS system work in your area, an informed public is needed. The public needs to understand the system and know what to expect when they call upon it to respond in an emergency. This is the role of the Public Education component of the Emergency Medical Services System.

In this manual a systematic planning process for developing a public education program will be described and discussed. The system model is a planning tool which allows for pre-planning of the entire project prior to implementation of the actual project. This allows the managers and planners to see the entire project before actually making it work and being able to make the necessary adjustments in the original plan to ensure it will work prior to costly mistakes that could come from poor planning.

The following is a model of the systematic plan used in planning the Public Education Project in Region J. It is a general model of systematic instructional development and each step will be explained in detail as the manual procedes. The whole model is presented here as an outline to the manual and to explain more fully what is meant by a systematic planning model. The model presents the major steps in organizing a public education project.

PROJECT PROFILE AND FLOW CHART



CHAPTER 1 ASSESSING NEEDS

To design an educational program which builds upon already existent information and does not duplicate information familiar to the population, it is necessary to determine what the citizens in a given area already know about the Emergency Medical Services system at the beginning of the project. Additionally, a survey conducted before a project begins provides a benchmark as to the level of awareness and knowledge held by the citizens of the particular area. The project staff can then design materials to satisfy the identified needs and with a follow-up survey conducted at the conclusion of the project, can determine its effectiveness as well as provide information for the planning of further activities.

However, before one can conduct a survey it is necessary to make some assumptions and assertions about the citizens of an area and their relation to the Emergency Medical Services system. If the citizens of a given area are to benefit from the Emergency Medical Services system and do so effectively they must know of the EXISTENCE of an EMS system within their area. They must know how to get in contact with the providers in case of an emergency, i.e., they must know how to ACCESS the system. Finally, the citizens must know WHEN to access the system.

These are the basic items of information citizens must know if they are to use EMS effectively and properly. Therefore, the initial survey should consider at least the following areas of EMS awareness.

1. Do the citizens know of the existence of an Emergency Medical Services system?

2. Do the citizens know how to access the EMS system, i.e., do they know the telephone number they should call in case of a medical emergency?

3. Do the citizens know what constitutes a life threatening situation or do they think of the EMS system as a way to get transportation to the hospital for any kind of ailment?

Additional information should be collected on the standard demographic variables (age, sex, occupation, education, geographic area etc.) so that the data collected can be analyzed to see if systematic variation occurs within or among any of these groupings. The collection of additional information may be desireable but this decision must be made on the local level. It should be pointed out that the simpler the questionnaire is kept the more likely that a high quality of data will be obtained. Before including a question in the survey, the surveyor should be able to answer the question: "What is the benefit of asking this question and what are the responses going to be used for?".

CHAPTER 1 ASSESSING NEEDS

A copy of the survey instrument used in the Region J Public Education Project is included as Appendix A to this manual. The follow up survey is included as Appendix B for comparison purposes. The questions on the initial survey had to be repeated so that a measure in the increase or decrease of awareness could be made. This repetition of questions is necessary in any study of this sort to get a measure of the effectiveness of the project.

The important question at the beginning of a project is,"Should a survey be conducted in our area to find out the level of EMS awareness?". Here are some important factors to consider before answering this question.

Surveys done on a scale such that the data are generalizable to a given region or area are expensive. A telephone survey may be the least expensive method but biases can be expected in the results depending on the time of day that the calls are made and additionally because only those families which have telephones will be contacted. The scope of the information that can be obtained in this way is very limited since in general the person answering the telephone can only be asked relatively few questions and, in many cases, the respondent will refuse to complete the interview.

A mailed questionnaire typically has less than a 50% return rate and, to be statistically sound, one must determine if the non-respondents constitute a significantly different population from the respondents. The problems in compiling a list of all the citizens in a given area from which to select a sample is difficult and the cost of postage can be significant with a large sample.

Personal interviews require more person-hours but the sampling procedure is simpler and a more detailed survey can be done with trained interviewers. In the EMS area a core of volunteers is available if the worth of doing a survey can be demonstrated to them.

The alternative of NOT conducting a survey and making the assumption that the citizens of your particular area have approximately the same level of awareness as the citizens of Region J could be made. This is a reasonable assumption within North Carolina but should be used cautiously in other parts of the United States.

The next section of this manual will deal with the sampling methodology and the practical administration of the survey instrument in the Region J project. While this will be stated in a rather exclusive manner, it should be understood that this is only one of a great number of ways that a personal interview survey could be done. This method worked well for the project and produced a sample that could be generalized to the region as a whole with a high degree of confidence. It balances efficiency, practicality and cost against scientific rigor. Wherever practical, the compromise was made in

the direction of scientific rigor. A strong academic bias will be exhibited in the coming section, because in order to be worthwhile for its original purpose, a survey must be done correctly. For example, if you plan to interview 400 people outside of the local supermarket on Thursday afternoon, your results may be interesting but they will be relatively worthless in generalizing to the other citizens of the area. The next section may be skipped by those readers who are not contemplating conducting a survey.

CHAPTER 2 SURVEY METHODOLOGY

SAMPLING METHODOLOGY

A sampling methodology must be carefully selected to provide a representative sample of the area in which the surveyors are interested. This means that through the sampling procedure the surveyors are able to get representation of all the different types of people within the region proportional to those types in the total population. It would be ideal of course to ask everyone in the area what they know about Emergency Medical Services; however, this is not practical, so we only ask a subset or sample of the population. We must do this very carefully so that we are able to get some of each type of person. What "type" of person means is that we sample different groupings within the population. For instance, we want people of various races, ages, and both male and female representatives of each and all groups. Additionally, we want people from cities and farms. It becomes more complex when we imagine how many different cross groupings one could have; i.e. a 36 year old white female with a college education that lives on a farm in X county. We want to sample each of these types because they are the citizens of our area and we want to be able to generalize to all of them. If we are sure that our sampling technique has done this, then we can comfortably say that our results represent the condition within the area we are sampling.

A sample size of 1200 was chosen for the survey. This number was selected because a sample of this size provides for an estimator width of approximately plus or minus 3.5%. The estimator width indicates the statistical confidence in the results of any given item on the questionnaire. For instance, if 62% of the respondents on the survey answered "YES" to a question and 38% answered "NO", with an estimator of 3.5% you would be correct in assuming that the proportion for the entire population was between 65.5% and 58.5% for the yeses and between 41.5% and 34.5% for the noes. The process for the actual sampling is based upon the use of census data from the last available (1970) full census. The data is available on magnetic tape at the Triangle Universities Computation Center (TUCC). The computer program used to obtain a description of the data records is included as Part 1 of Appendix C.

A modified random area sampling procedure was used. Census data is compiled on the basis of Enumeration Districts (EDs) for principally rural areas and on the basis of Tracts with Block Groups (BGs) for metropolitan areas. In order to obtain as representative a sample as possible, all EDs and BGs were considered in the sample. The number of interviews to be conducted within each of the areas was determined by the proportion of the population of the region that resided in that area. Since the metropolitan areas contain a larger share of the population, the sampling was weighted to give the rural

areas more representation. The rationale behind this was as follows. If you were to have a heart attack in the middle of a metropolitan area, it is likely that within the first two minutes ten people would come to your aid and if one of them knew who to call your chances for survival would be good. On the other hand if you had the same heart attack on county road 1234, it is equally likely that only one person would come to your aid within the first half hour, and if that person did not know who to call it could be anothe. 30 minutes before another person would come along. That would probably be too late. Therefore, it was considered important for a higher percentage of the rural inhabitants to be aware of the Emergency Medical Services system. The computer program to determine the number of interviews in a particular Enumeration District or Block Group is included as Part 2 of Appendix C. The following schema was used:

For rural areas:

$$\frac{\text{Population of ED}}{\text{Total Region Population in that ED}} \times 800 = \text{Number of interviews}$$

For metropolitan areas:

$$\frac{\text{Population of BG}}{\text{Total Region Population in that BG}} \times 400 = \text{Number of interviews}$$

Once the number of interviews for a given area has been determined, census maps showing the boundaries of the Enumeration Districts for the counties and small cities within each county should be obtained. One source for these census maps in North Carolina is the Institute for Research in the Social Sciences (IRSS) located at the University of North Carolina at Chapel Hill*. Maps of the metropolitan areas of large cities can be obtained from the U.S. Department of Commerce*. These metropolitan area maps are marked off into Census Tracts with the Block Groups indicated. Although the census maps obtained from the Institute of Research in Social Sciences are rather small and difficult to use, they are the only ones which have the census Enumeration Districts marked on them. Larger versions of the maps (36" by 60")

* For the complete address of this and following sources of information or materials, a listing is provided in Appendix D.

can be obtained from the N.C. Department of Transportation. The boundaries of the EDs can be transfered to the larger maps and the areas further divided into quadrants, with each quadrant numbered sequentially from one to four.

To select the starting points for each area, a quadrant was systematically determined by using a sequential progression through the numbered quadrants within each successive Enumeration District. For instance, in ED 410, quadrant 1 was chosen; in ED 411, quadrant 2 was chosen; in ED 412, quadrant 3 was the selected one and in 413 quadrant 4; then with ED 414 the process starts back at quadrant 1 and so on. Once the quadrant had been determined, a starting point within the quadrant was randomly selected and directions as to how to get to the starting point were written for the interviewers. An example of the starting point instructions for the interviewers is as follows:

> Starting at the intersection of County Road 2761 and County Road 2760 go NORTH on County Road 2760 and interview the FIRST 6 HOUSES.

From this starting point, all interviews for that particular area are done on a door-to-door basis. This same process is followed for the selection of starting points within Block Groups.

The foregoing discussion of the sampling methodology and the sample selection procedure may seem complicated and unclear. It is possible to get help from individuals at junior colleges, colleges, or universities. If the institution has a department of statistics, that would be a good place to start. However, any individual with a doctorate in the social sciences should be able to help you or at least direct you to a person who would be able to help. If none of these resources are available, market researchers with businesses in your area may be able to provide the assistance you require.

Now that the questionnaire has been constructed and the sample has been selected and directions to the starting points written down, it is time to recruit and train the personnel who will do the survey.

INTERVIEWER RECRUITMENT and TRAINING

In doing any type of personal interview, the training of the interviewers is of crucial importance. The best designed survey instrument can yield unusable data if put into the hands of a naive interviewer. The first task is to find a group of willing interviewers. One method is to establish county coordinators

and have the coordinator in each county enlist volunteers from each rescue squad as well as additional county organizations and call an initial meeting of the interviewers in which they will be trained by the project staff. At this initial meeting the interviewers should be given maps of the county and cities within the county. These maps are marked with red dots to show the starting points and arrows to indicate the direction they should proceed from the starting points. The interviewers are presented with the questionnaires grouped by starting point and an attached sheet giving the starting point location using county road number or street name. Using EMT's as the interviewers makes the initial training session somewhat easier since many of them are familiar with the county road system. At the training sessions, the interviewers are led through the questionnaire step-by-step to insure that they understand what is required of them and to answer any questions that might arise. Additionally, the interviewers should practice using the questionnaire by asking their neighbor the questions so that they will feel comfortable with the wording and discover any problems that might not have been anticipated in the first reading of the instrument. It is important in the design of a survey of this type to allow enough time for the completion of the interviews. However, it is equally important to establish a deadline for the completion. Thus the time frame of the survey will be relatively consistent across the entire area being surveyed and will ensure that the questionnaires are not put aside for some distant time in the future. A time frame of four weeks for 1200 interviews with approximately 100 interviewers would be reasonable.

QUESTIONNAIRE MANAGEMENT

In any large survey it is beneficial to have a means of accounting for each questionnaire and to know where the questionnaire was to have been administered. This proves valuable in case questionnaires are lost or if they are returned uncompleted for any reason. To this end each questionnaire was stamped with a county number and a sequential number within that county. Copies of the starting point instructions were made and the sequential numbers of the questionnaires sent to that starting point were recorded on it. This enabled the project office to log in all returned questionnaires and sort out those which were incorrectly filled out. A check was then made of missing or blank questionnaires to determine if some sort of systematic bias was being made in the sample and to keep the county coordinators advised of the number of outstanding questionnaires in their county. This simple marking procedure can prove invaluable in determining the applicability of the survey to the population as a whole.

CHAPTER 2 SURVEY METHODOLOGY

THE RETURNED QUESTIONNAIRES

Upon return the questionnaires should be checked for completeness to insure that they have been properly filled out. They should be checked off the list for each county and the "open-ended" items should be coded for key punching. In working with a survey of this size it is mandatory for the data to be put into a machine readable form for computer analysis. This is most easily done by designing the quesionnaire to conform to the local restrictions of key punch operators who will be preparing the data for the machine. After the responses are keypunched, any of a variety of computer statistical packages can be used to analyze the data. One such program is the Statistical Package for the Social Sciences (SPSS). A sample program is included as Appendix E. It should be pointed out here that for the initial survey the complexity of the data analysis need not be great. What is important at this time is that those areas in question, i.e. the awareness of the system, how to access the system, and a knowledge of when it is appropriate to call the system, are looked at. Knowing the level of public awareness in each of these basic areas will enable the project office to determine the messages that it is necessary to design and produce and also which of these areas have a level of public awareness so that they can receive less emphasis in the campaign. Once the survey has been completed and the data analyzed, it is necessary to plan what information about EMS is most important to the citizens of your area so that they can effectively utilize the Emergency Medical Services System that they have.

CHAPTER 3 DETERMINING OBJECTIVES

In the earlier discussion on questionnaire design, it was noted that the project planners must narrow the range of information to be gathered during a survey. This same narrowing process must be undertaken when establishing goals for the project. It is better to satisfy a few needs well than to just touch upon a great many. Whether it has been decided to conduct a survey or whether to assume that the individuals in your particular area have the same level of EMS awareness as did the citizens of Region J, this is the time when goals must be set. Earlier, three areas of initial awareness were mentioned:

1. Do the citizens know of the existence of an EMS system?
2. Do the citizens know how to access the EMS system. i.e. Do they know their Emergency Number?
3. Do the citizens know what an Emergency is?

This is a part of the needs assessment (or discrepancy analysis). In this case we want to identify what has to be done to eliminate a discrepancy, that is to meet a need. But, as mentioned earlier, it is important to keep the number of needs to be met to a managable number. Through the survey, we have identified the level of awareness about EMS that exists among the citizens of our particular area. Now in establishing our goals we are setting up a statement of what level of awareness of EMS is necessary for the system to meet the emergency medical needs of our citizens effectively and efficiently. By determining what the citizens know about each of the awareness areas and comparing that to what they ought to know, a determination can be made as to WHAT needs to be done. It is important at this step not to become involved with the HOW of doing it. For instance, if you found that only 15% of the citizens in your area knew their emergency telephone number, one of your project objectives could be to raise this level of awareness so that by the time your project is completed, 60% of the citizens of your area would know their emergency telephone number. Generally speaking, a goal is the overall aim of a given project while an objective is a specific task or function that is to be preformed and in most cases has measureable terms. The following example of a goal is taken from the California Regional Medical Program Consumer Education Manual.

CHAPTER 3 DETERMINING OBJECTIVES

GOAL

"The goal of the program will be to provide EMS consumer education and information services aimed at the community at large within a specific geographic area. Specific preventive messages will be directed to the high risk population. The program will start in three months and continue for one year. Mass media channels will be used to call attention to the services offered, including when and how to access the system. Signs and other printed materials will publicize the emergency phone number. Educational material will be offered through various agencies and outlets on request. Evaluation will measure the extent of education materials requested by the general public."

It is possible from this goal statement to see the outline for the whole project. This is valuable in that the project has direction and even when a number of groups and personnel are working on the project, the goal remains constant. It is extremely useful if the goal includes a statement of the evaluation of the project. Evaluation is perhaps the most important element of the EMS Public Education Project. Evaluation determines the value of the project to the citizens of the area and helps to determine if the cost of the project was the most efficient use of the funds. Perhaps even more importantly, the evaluation will point to what remains to be done in the way of EMS public education.

SETTING REALISTIC GOALS AND OBJECTIVES

Many times, public education projects go awry by trying to accomplish too much in too short a time. Throughout this manual, cautions will be introduced in an effort to lessen these types of errors. The first consideration in setting objectives is the length of time available for the completion of a given project. Traditionally, public education projects are funded on the basis of a fiscal year and rarely over eighteen months. Establishing realistic objectives which can be accomplished within this time frame is crucial for a successful project. Chapter Five of this manual will discuss the times necessary for the completion of various tasks and the time necessary for the production of a variety of materials.

As noted earlier, it is important to differentiate between presenting information to the citizens of an area about the EMS system and their use of it and the training of citizens in first aid. The former is the intent of a public education project and is the first step in developing a broader first aid program for the citizens in an area. If, during a 12-18 month public education project, a significant number of the citizens of an area would learn:

CHAPTER 3 DETERMINING OBJECTIVES

1. How to access the EMS system,
2. What is the EMS system, and
3. When to call the EMS system into action,

the project would be worthwhile. It is important to set objectives which are specific in the information to be disseminated and can be measured at the end of the project. The design of the project should include a method of continuation so that even when the project is no longer operating the materials and procedures developed will continue to be used in the area.

CHAPTER 4 MEDIA USAGE

MEDIA USAGE

Media usage for a public education project can be broken down into two broad areas: 1) those which use the mass media of radio and television and in most cases do not require participation at the local level and, 2) those which are local in nature and must have participation of the rescue squads, ambulance services, and local community organizations for successful delivery and use. Each of these areas will be considered seperately.

MASS MEDIA

In dealing with the mass media of radio and television, several considerations should be kept in mind. First, both of these media are very powerful in terms of the numbers of individuals that they reach. Second, when talking about Emergency Medical Services, the areas reached through radio and television encompass geographic locations served by many different providers; therefore, the messages to be used must be general in nature. Purchase of commercial time for the EMS message is very costly and probably beyond the reach of any Public Education Project's budget, however it does allow one to be selective about when an announcment is to appear. Fortunately, the Federal Communications Commission licensing agreements which permit the various stations to be on the air also provide that a certain proportion of the air time be devoted to the airing of Public Service Announcements (PSA's) and programs in the public interest. This is a valuable channel for dissemination of information about EMS. The following sections are intended as a brief introduction to the various media which may be available to your public education project. The sections are not intended as a comprehensive course in advertising or public relations but rather to provide you with a working knowledge of some of the advantages and disadvantages of these media.

NOTE: Due to the cost and bulkiness of the non-print materials, none are included with this manual. However, copies of both versions of the slide/tape program and the 16mm television commercials are available on a short term loan basis from: Office of Emergency Medical Services, Department of Human Resources,Division of Facility Services, P.O. Box 12200, Raleigh,N.C., 27605

CHAPTER 4 MEDIA USAGE

TELEVISION

Our lives are touched every day by television and its messages are delivered into our homes. It is perhaps the most powerful of the mass media. It is a multi sensory media in that it provides sight, sound, color, and motion all at the same time. However, as with all broadcast media the amount of information that can be economically delivered at any one time is very small. The messages must present a single concept and must be delivered simply.

Advantages

1. Television reaches the largest audience with one message. For instance, on the Educational television network in North Carolina, WUNC, a single message would have the potential of reaching approximately 97% of the citizens in the state. No other single medium could do this with one message.
2. Because of this wide-ranging coverage, the COST PER EXPOSURE is low. However, this does not mean that television is inexpensive. The initial cost for preparation of materials is usually quite high.
3. It is a multi media approach providing sight, sound, color and motion all at the same time.
4. It is a personal medium. The viewer is able to identify with the medium and the message in the privacy of his/her own home.

Disadvantages

1. Cost is the primary disadvantage of television. Production requires the outlay of a large amount of money and time for the initial spot announcement. If air time is purchased there is a continuing high cost.
2. The message is brief and passes very quickly. To make an impact the message must be repeated often and at all times during the day and night.
3. Because television is ever with us, people tend to distrust television advertisements.

COSTS

To use all of the advantages of the television medium (sight,sound,color and motion) and to present the message in the controled manner in which you wish it to be delivered the production will usually need to be done with 16mm film. This means that in addition to the raw film stock and the processing,

it is necessary to have an experienced film crew with the proper equipment. This is expensive. However, using 16mm will produce a spot that can be transported almost anywhere and used by almost any television station. The costs should not "scare" anyone away from using this powerful medium. It is presented so that one can plan ahead and not be surprised at the cost of the spots or worse yet get started and not have enough money to complete it. There are cheaper ways of making spot announcements for television such as using slides or video-tape and we will talk about those in the next sections on materials design and preparation. The 16mm spot announcement in either 10,20,30, or 60 second versions will probably get the most air time as public service announcements (PSA's). Directors of programming and public service at televsion stations are busy people and presenting them with a PSA that requires little of their time or their crews time increases the chances of the spot being aired

MATERIALS DESIGN and PREPARATION

In order to simplify the discussion on materials design and preparation it will be broken down into three areas:

1. Design of spot announcements for broadcast and cable television
2. Fixed displays for cable television
3. Longer length public affairs and news shows for broadcast and cable television.

1. SPOT ANNOUNCEMENTS for television come in a variety of sizes for the convenience of the broadcast station. Most common lengths are 10 seconds, 30 seconds, and 60 seconds, however, some stations like to have 20 second spot announcements so that they can show three in a one minute station break. The length any particular station prefers can be determined only by asking. This should be done prior to the production of the announcements. You should also remember that in spot announcements for television as well as radio, you are not trying to convey a large amount of information. You are trying to create an awareness or develop an impression which requires the repetition of a small amount of information many times. The broadcast industry assumes that the average viewer can retain a maximum of four pieces of data from a television ad even when giving complete attention to it. The following are some copy-writing suggestions for Public Service Announcements

BEFORE YOU WRITE YOUR ANNOUNCEMENT

Writing for broadcast is salesmanship and you can't sell unless you are

completely informed about your "product". Your job is to overcome the listener's or viewer's apathy. You can do so by creating interest in your story... motivate the listener to DO something. Determine the objective of the total campaign– the specific goals of the radio and TV spots.

List all the pertinent facts to be included, IN ORDER OF IMPORTANCE.

Decide on the single, most important thing you want to say.

Think how you would say it if you were saying it face-to-face to one person and then write it that way.

AFTER YOU WRITE YOUR ANNOUNCEMENT

1. Read it aloud. How does it sound? Is it natural or does it sound stilted? Is it believable? Does it sound like someone talking or someone reading?
2. Did you grab the listener's attention in the first few seconds?
3. Did the announcement deliver the main idea quickly? Clearly? Completely? Often enough to stick in the mind?
4. Did you register the key facts about your project or your organization strongly? Did you mention the name at least three (3) times in a 60-second spot or at least twice in any shorter spot.
5. Is the information specific enough to get your idea across?
6. Does your announcement maintain interest from beginning to end?
7. Have you asked for ACTION? Tell the viewer or listener where to go, what to do, when to do it? Have you asked the viewer to "write in", "come by" or even to just "listen" to your story?

Remember, it is important to keep the message simple. You should know the coverage area of the station(s) you are dealing with so that the message can be made applicable to all of the viewers in the coverage area.

In order to spend the amount of money you have for making a television commercial or spot announcement most efficiently, it is necessary to carefully plan the message to be presented. A sample script for a 60 sec PSA is included as Appendix F, Part 1. A sample of one form for preparing a shooting script for a film ad is included as Appendix F, Part 2. Any variation of this is fine but you must have a way to show the camera and sound crew what the picture is to look like, what the words and sounds are that are going to be used, and what, if any, special effects are necessary. After you have scripted

the 60 sec. PSA you can go back and see where portions may be shortened or deleted (cut) to redesign the film for the 30 sec. PSA. Finally, you can go back to the script again to see where it may be cut to produce the 10 sec. spot or "ID" as it is sometimes called. This means that from the original footage three similar but different length PSA's may be made. Observe commercials on national network television and you will see that this is what the large commercial advertisers do to make their money go further.

Now let's suppose that there is neither enough time nor funds to produce a 16mm television spot. What other options are there? First, let's discuss briefly the use of video tape for a spot. Most of the video tape equipment that is available through schools, libraries and junior colleges is based on a one half inch reel to reel or three quarter inch cassette format. Generally, these types of tapes are unacceptable to broadcast television stations because the stations use a 2 inch high band video tape which has a rating called "broadcast quality". This means that in order to use video tape for the spot one must have the necessary equipment for 2 inch tape which is very expensive. However, it is possible, through the cooperation of a television station, to have access to such equipment. If such is the case then the design and production would be much the same as with the 16mm film. In most cases this means that you would have the capability of producing a spot announcement in the studios of the TV station but would probably not have the option of doing "on location" action shots.

Finally, the least expensive alternative for producing a television spot announcement is the use of a script with words and music and 35 mm color slides. The copy for such an announcement should be double spaced on a standard 8 1/2 x 11 inch white paper and typed on one side only. If applicable you should state the date when the spot should start to run and the date when the station should stop using it. Some Emergency Medical Service PSA's should run continuously throughout the year. Television and radio stations are usually asked to run PSA's concerning events which have a definite start and stop time, therefore if you have a long term announcement you should make a special effort to be sure that the station manager understands that it is a long term effort.

There are some rules or suggestions about the number of words and the number of slides that can be used within a given time period. A general rule is not to use more than three slides for a 10 second spot, 7 for a 30 second spot and 15 for a 60 second spot. This is an area for careful planning. Fifteen seperate images within a minute will overwhelm an audience. Plan for the most effective visual impact, not the greatest number of slides. If the slides are faded in and out (disolves) rather than straight cuts the number of slides which can be used effectively is even less. The following table summarizes the words and slides for the four types of spots.

CHAPTER 4 MEDIA USAGE

Number of Words	Air Time	Number of Slides MAXIMUM
20	0:10	3
50	0:20	5
60	0:30	7
120	0:60	15

Remember that these are approximate numbers and that it is better to be on the low side of the estimates than the high side. It is better to have a hard hitting quality PSA than one that has a lot of words and pictures which overwhelm the viewer or listener.

Remember also that the format of the television screen is different from that of the 35mm film. The television screen is in the format of 3 X 4. That means that it is three units high and four units wide whether the units are feet or inches. The 35mm slide format is 2 units high by 3 units wide. Be sure that all of the essential information on the slide, especially if it is print, falls into the central 2/3 of the slide. If it does, it will be successfully transmitted to most receivers. If it does not, parts of your slide will run off the home screen. A drawing showing the different formats and the "safe area" is included in Appendix G.

CABLE TELEVISION

Cable television provides two additonal formats for Public Service Announcements. Most cable television systems provide one channel for "time,weather and news". This is usually done by having a camera show a clock and a thermometer and having news stories in print go across the top or bottom of the screen. Public Service announcements are interspersed with the news stories. However, space is limited and careful thought should go into the wording of the messages. Examples of eight line and four line PSA's are included as Appendix H. You must remember that these messages must be kept simple because we are asking the viewer to attend to the message and read it.

Some stations may permit you to use a static display which has the EMS symbol or other interesting visuals along with the message on it. This could be print material which you have already prepared such as a poster, brochure or telephone sticker or something that you have prepared specifically for cable television. Which ever of these alternatives is used it is important to remember that you must design for the 3 X 4 format of television to get the complete message across.

Cablevision systems can also use the commercials or PSA's that were prepared for the broadcast stations. Procedures are essentially the same as for commercial stations. Discuss with the station manager about getting your message to the citizens who have the cablevision service.

PUBLIC AFFAIRS and NEWS PROGRAMS

Many times when you make contact with the television stations, both broadcast and cable, you will find that they have at least one if not more "public service" programs. This is a good way to get a longer, more detailed account of the EMS system and what it can do for the citizens in the area. It is often necessary to explain to the Public Service Director and/or the general manager of the station what Emergency Medical Services is all about. Once they understand, they are usually eager to help you educate all the people in the area. It is also important to make contact with the news director. Sometimes there are feature stories or short 5 to 10 minute special interest pieces about EMS which the news department would be willing to do. This can be very valuable to you, because it is the station which can provide the equipment and the film or video tape to get your message across.

In either case, it is important for you to plan the show and brief the participants as much as possible. This is not as easy as it sounds and takes a certain amount of diplomacy. In most cases the host or hostess of the public affairs program or the news director in the feature story cases, have a strong need to direct the action and tone of the program. However, you will be able to offer them suggestions as to the content of the program, the message that you are trying to get across, the resources both in equipment and personnel that would make the show more interesting and visually appealing and finally, sources where the citizens who see the program and are interested can get more information about the Emergency Medical Services system.

Usually, you will not have a great deal of time to prepare, but do try to follow the same procedure as when writing the PSA. Determine what information you would like to get across to the citizens. List those areas or topics which need to be covered in the order of their importance. Determine what resources you can gather that will get these points across in the best manner and be visually exciting to the audience. Remember, you have sight, sound, color and motion in television and should try to use all four to get your message across. A person or group of people simply talking for half an hour on television can be very boring to a viewer because there is no way to participate in the discussion. The equipment and personnel of the EMS system are interesting and exciting. Use them if possible. It might be possible to have someone whose life had been saved by the EMS system tell what the EMS system means to them. With a little thought and planning you will be able to come up with an interesting idea for a show. Thinking and planning before going

to see the TV station personnel can pay off handsomely.

DISTRIBUTION

Making contact with the mass media in your area is one of the most important parts of any public education project. Arranging for public service time is a difficult task but the channels are available for the asking. It is important that a personal visit be made to each television and radio station in your area. The three most important people to contact are the general manager, the news director, and the director of public service. A meeting with the general manager is useful in that you can fully explain your project. If the project is being done by volunteer service he should be told. Ask him/her how you can best work with the station and ask for the stations cooperation. The public service director will be able to tell you which length and what types of PSA will work the best for them and hence which ones will have the best chance of getting shown. The news director should be informed about your project. He may be able to help you get even more publicity for the EMS system. When you have your PSA's ready to go, deliver them personally to the stations and the Public Service Director if possible. Materials that are lost or damaged in the mails do not get shown.

CHAPTER 4 MEDIA USAGE

RADIO

Radio is perhaps the most available mass medium for use in any part of the country. Even very small towns or communities have at least one radio station locally and the citizens are able to receive many radio stations. Everyone has at least one radio or access to one. People listen to the radio some time during the day. Radio's main characteristic (and limitation) is that it is completely sound. The listener is able to do other things while listening to the radio and because they are doing something else while listening the message on the radio must be strong so that it captures the listener's attention. The estimated average listening time is approximately 2 1/2 hours per person. The listenership is highest in the mornings, levels off in the afternoon and decreases sharply in the evening when television takes over.

Advantages

1. It is the quickest and most immediate of all media.
2. Radio reaches almost the entire population of the United States. There are more radios than people in America.
3. It is a low cost medium.
4. With the exception of television, people spend more time listening to radio than they spend with any other medium.

Disadvantages

1. Radio is audio only. The listener can only hear the message.
2. The listener is usually doing something in addition to listening and you are sharing his attention.
3. The message is very brief and therefore you must have it repeated many times for the listener to remember it.

Costs

Like television, radio stations are required by the Federal Communication Commission to make some time available for Public Service Announcements (PSA's). Unlike television the production of these spots is relatively inexpensive, however they require just as much thought and planning to produce

copy that will capture the listeners attention and get the Emergency Medical Services message across. The spots that you deliver to the radio station are generally read by the "on-air" announcer as a part of the station's programing. Sometimes they are recorded on tape cartridges and played automatically at selected times during the day or you may be asked to record the message when you deliver the spot to the radio station. In some cases the spots can be pre-programmed and delivered as a tape to the radio stations, however this option can greatly increase the cost and before pre-recording a spot you should check with the radio station to determine the correct format and if they will use a pre-recorded tape.

Radio stations, like television, often have public affairs, feature story, or talk show programs which can provide a format for getting a more detailed and complete message to the listeners. When making personal contact with the station managers and the public service directors this option should be explored. These shows can last anywhere from five minutes to half an hour and in many cases have a very loyal following.

MATERIALS DESIGN and PREPARATION

The materials design and preparation section will be broken down into two areas for radio. The first will deal with spot announcements (PSA's) and the second will deal with the longer feature or public afairs programs.

Spot Announcements

The following suggestions are taken from what may be called industry standards. By following them you will be preparing spots that the directors of programming at radio stations are familiar with and thereby will have a better chance of being used.

1. Type all copy double-spaced on 8 1/2" X 11" white unlined paper, one side only, on your organizational letterhead. If you do not have organizational letterhead be sure to type the organization name, your name, address and telephone number in the upper left hand corner.
2. Keep the number of words within the normal length for 10,30 and 60 second spots. The radio standard is 2 1/2 words per second. The following guide should prove useful:

Number of Words	Radio Air Time
25	0:10
75	0:30
150	0:60

Under the copy give the word count and air time in parentheses. CAUTION: The radio personnel are professionals and will look askance at trying to include too many words for the time frame. If you try to get in too many words your spot will probably not make it on the air.

3. If you are advertising a particular event include a start and stop date when the message should start being broadcast and when it should stop being broadcast. If the message is of the long running variety this should be explained to the public service director at the station. At this time, you should arrange to provide new spot announcements to the station on a pre-determined schedule.
4. Observe the deadlines provided by the radio stations and if at all possible allow 2 - 3 extra days.
5. Observe all the recommednations given for the writing of the television spots in the previous section.

The following is an example of a radio spot used in the Region J Emergency Medical Services Public Education Project. Further examples are included as Appendix I.

CHAPTER 4 MEDIA USAGE

PUBLIC EDUCATION PROJECT
Emergency Medical Services
Chydaru, Old Mason Farm Road
Chapel Hill, NC 27514
(919) 933-2360

FOR IMMEDIATE USE

RADIO SPOT ANNOUNCEMENT

IN AN EMERGENCY, EVERY SECOND COUNTS. RESCUE SQUADS PROVIDE THE FASTEST EMERGENCY MEDICAL CARE, BE PREPARED. LOOK IN YOUR PHONE BOOK FOR THEIR NUMBER TODAY.

(25 WORDS.....0:10 SECONDS AIR TIME)

CHAPTER 4 MEDIA USAGE

Public Affairs Programs

Most radio stations have public affairs or community talk shows in their format. These provide opportunities to present more detailed information about Emergency Medical Services to the radio audience. In order to effectively use this longer format it is necessary to prepare your speakers and material for the shows. The standard for this type of program seems to be a question and answer format. In most cases the host or hostess of the show will not be intimately familiar with the EMS system in the area and therefore it is a good idea to provide a series of leading questions for the host. An example of leading questions and the suggested answers is included as Appendix J. The suggested answers are intended to serve as a guide to the respondent that you have selected to serve as the guest on the particular show. They are not meant to be read verbatim but to cover the high points of the answers and information that you want the public to know. The respondents should be selected on the basis of the interest and knowledge they have concerning EMS as well as their prominance in the community. The regional EMS coordinator, chiefs of rescue squads, Red Cross directors, and members of the county or regional EMS council would make good choices for respondents.

It is sometimes necessary to be aggressive in inquiring about the availability of the longer programs but the special effort will pay off with more air time. It is also possible that an interested station manager or public affairs manager will work with you in constructing a special program that will bring together a variety of experts i.e. consumers, providers, and managers of Emergency Medical Services, for a feature program. This type of program will require more planning work on your part but will provide a program which may be transported to a variety of radio stations within your area.

A third alternative which has been tried in at least one city in North Carolina is the daily EMS report. This requires the full cooperation of the radio station but can be a daily feature which could increase the listenership of the station. If you can convince the station manager of the worth of this type of presentation it will increase awareness of the EMS system and also the need for the citizens knowing what to do in an EMERGENCY. The EMS report could consist of a listing of the number and types of calls that a particular provider or group of providers handled during the previous 24 hours. This would be broadcast in the morning hours of the broadcast day. It is important for this type of presentation that no names or other identification of a particular call be presented but just the summary statistics for a particular city, county, or region be given. In order to prepare this type of report it is necessary to have someone

person or group regularly in charge of preparing the report to be telephoned in to the radio station. Such an arrangement will provide a way to check and be sure that no names or other identification of individuals is made. This will take the cooperation of all providers from the desired report area and a great deal of tact.

DISTRIBUTION

As with television stations, making contact with the individual radio station managers is of critical importance. Station managers and public service directors receive literally hundreds of PSA's every week. If they do not know you and/or understand the Public Education Program for Emergency Medical Services and the importance of such a project, your PSA's have a good chance of going in the waste basket instead of on the air. Therefore, it is important, at least initially to visit each radio station within your area to personnaly deliver the first series of radio spot announcements. You will be able to sit down with the person in charge of PSA's and explain your program and impress upon him the need for the citizens in your area to know about the EMS system. The station manager may be able to give you tips on how to improve your message and may be able to point out other feature programs on the station that could give your message wider distribution. After the initial distribution, you may be able to mail the additional sets of PSA's to the radio stations but make sure that the general manager or public service director knows that you will be sending more so they they can be on the lookout for them. Sending them to the person in charge of PSA's will speed their processing and airing.

CHAPTER 4 MEDIA USAGE

NEWSPAPERS

Newspapers are a constant element of our daily life. They play a siginificant part in the everyday social and economic lives of the citizens they reach. They carry information that is vital to the functioning and enjoyment of the community and can provide important and detailed information about Emergency Medical Services. Newspapers should be included in planning for your educational goals. The local newspaper is eager to have sources of interesting news and EMS is certainly one of those. It should be kept in mind however, that while newspapers do reach all classes of people, the information in them is most often read only once and then the paper is thrown away. Reproduction quality in newspapers is not as good as in "slicker" types of publications and brochures and therefore the message design itself must move the readers to some kind of action. Statistics tells us that approximately 80% or 8 out of every ten adults read part of a paper each day. If used correctly, newspapers can help you reach a great number of people with your message.

Advantages

1. For most people, reading a daily newspaper is part of their routine. Therefore, just one item on one day will reach a great number of people.
2. It is a "news" paper and people expect to be informed when they read it.
3. It is a "shopping" medium where people actively seek out items that will be of most benefit to them.
4. In many cases it can cover a particular geographic area rather completely.
5. Pictures and words can both be used to get the message across.
6. A local newspaper is "believed" by the residents in a given locality.
7. It reaches all economic classes.
8. It is inexpensive when compared to other mass media.
9. The reader is able to read the newspaper at his/her convenience rather than at the convenience of the medium.
10. It is the major medium a citizen pays for directly and thereby has a certain demand to be used.

Disadvantages

1. Newspapers become old very quickly.
2. It is easy for an announcement or advertisement to become lost within a large newspaper and people may not see it.
3. It is usually read only once before being thrown away.
4. It is usually read quickly so the message must be short.
5. The visual reproduction is usually poor so you should not demand detail in illustrations or pictures.

Costs

Costs for paid advertisements in newspapers vary greatly with the size and circulation of the newspaper. Because the costs of producing a newspaper are relatively modest, there is a greater interest on the part of the editors and reporters to give space to items of specifically local interest. It is therefore advisable to try to obtain free space for your message rather than to buy advertising space. It is also important to consider the problems which could arise by asking the television and radio station to carry your message as a public service announcement and then paying a newspaper to run a similar message. It is important that if your campaign is voluntary for one or more media then it should be so for all of the media used.

MATERIALS DESIGN and PREPARATION

Three related but separate types of material for newspapers will be discussed: 1. News releases, 2. Special columns and 3. Feature stories.
News releases notify newspapers of important events which have happened or are about to happen. The latter also alerts the newspaper of a potentially newsworthy event which it may wish to cover with its own staff. The writing of a news release is not particulary difficult but you should follow a few simple rules as to form and content so that your release will get the best possible reception when the editor in charge receives it. You should answer the basic questions: Who, What, When, Where, Why and How within the first two or three paragraphs. The WHO should be the people that the story is about. Featuring the names of chairmen, speakers, rescue squad personnel, local leaders and celebrities will make the story more appealing to the local readers. Use direct quotes to make the release of special interest.
The WHAT talks about the event that has happened or is going to happen.

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Be specific and be sure to check all the facts closely.
The WHERE is especially important if the event has not yet happened and you want people to participate. Be specific about the location of the event, for example at the Centerville Rescue Squad building , 131 Main Street, in Mytown.
The WHEN is the time for the event, e.g., 4:30 p.m. on Saturday, October 22, 1977. The WHY or HOW of the event should be used especially if there is a human interest angle or some unique aspect of the event or if you are asking readers to take action.
The first paragraph of your release must get the readers attention so play up the most interesting element of your story there. Write in short simple sentences and try to get the critical information to the reader in the first few lines. Make every word count.

As with the Public Service Announcements for Radio and Television, the news release should be typed on your letterhead stationery or with your name and address and the name and address of your organization typed in the upper left hand corner of the sheet. Double space the copy and use standard 8 1/2" X 11" white paper. End each page at the end of a paragraph and type "more" at the bottom of each page. Number each page. Type "-30-" or # sign at the end of the story on a separate line. If you suggest a headline for your story make sure it is a good one that tantalizes the reader. If you are unable to come up with a good headline leave it to the newspaper to do so. Try to tell the story fully and interestingly but do not add a great deal of extra information. This will only confuse the readers and possibly the editor. Stop when you have told your story. Be sure to proofread your copy before mailing or delivering it. A sample news release is included as Appendix K.

Special Column

A special column is a reoccuring feature provided to a newspaper or group of papers on a regular basis. This type of material requires that you talk with the editor of a particular paper and obtain his approval and cooperation for such an arrangement. The column could be about such things as "What to do in an Emergency", "Signs of a Heart Attack", "Questions and Answers about EMS" etc. Topics or themes should be chosen so that the column would be ongoing and not a one time only arrangement. It would provide more authority if you are able to get a knowledgeable M.D. or R.N. or E.M.T. to write or "ghost-write" the column and perhaps a local provider to sponsor the column. This would give greater visibility to the work of the rescue squads and ambulance services and provide valuable information on a continuing basis to the readers. However, it requires a great deal of effort to make available such a column on a continuing basis, and to be valuable that is essential.

When approaching the editor with such an idea, be prepared to explain the idea fully to him and present him with samples of the column which you have in mind. In seeking the editors help, you will cultivate his involvement with the project and receive some help from him/her in additional ideas. Be prepared to change your idea for the column if the editor has a suggestion which the author/expert you have picked is able to do.

Feature Articles

A feature article is one in which a particular topic is fully covered in one story. Feature articles tend to be longer than regular news stories and are more likely to appear in the larger Sunday editions of a newspaper. In most cases the paper will send a reporter or feature writer to write the story but the editor must be contacted to be given the idea and angle for the story. The existence of an EMS system within a community and the type of service they provide is a story which has not been fully told in many papers. Developing a working relationship with the editor or writing staff of a newspaper will enhance the reception of your idea by the editor. This seems to be common sense but in many cases newspapers know about ambulances and squad buildings but are not sensitive to the human elements, the dedication, the long hours, the training, the excitement, the fears, and sometimes the nausea of squad members. They often do not know even the full range of services rescue squads can and are eager to provide.

Distribution

As with radio and television it is important to make contact with newspapers in your area on a personal basis. You must explain the purpose of your project to them and ask them for their help and cooperation. An editor must look through literally hundreds of news releases and requests for space every week. If he knows you and knows the project you are working on, then it is likely that your material will get to the readers.

After you have developed a working relationship with the newspapers in your area it will be possible to mail in news releases. Send them to the Editor if it is a weekly paper or the City Editor if it is a Daily newspaper. In many areas city newspapers print special editions and/or complete papers for the suburban and rural areas which come out once or twice a week. In most cases, these editions have special editors who should receive a copy of your release. Do not forget about specialty papers such as "shoppers" and smaller neighborhood papers.

CHAPTER 4 MEDIA USAGE

BILLBOARDS

Billboards are an often overlooked form of mass media. They could possibly be the oldest type of advertising that reaches a mass market in one form or another. They are commonly referred to as outdoor advertising, but even in this broad catagory, they account for only about 1% of the advertising budget nationwide. While it is possible to consider all signs on buildings as a type of billboard, in this manual the discussion will be confined to the 24 or 30 sheet posters that we commonly see along major highways where they are not prohibited by law. This size is standard in the industry and is what most of the outdoor advertising companies use. They range in size up to 12 feet high and approximately 25 feet long. There has been much criticism directed toward billboards as destroyers of beauty and a blight on the landscape. This has undoubtedly contributed to their limited use. However, for use in making the citizens aware of the way to access help provided by the Emergency Medical Services system, it can be argued that the function they provide in saving lives is greater than the harm that they do to the beauty of an area. Research has shown that billboards reach a great number of people and that these people tend to use the same roads several times a week. This means that the message on the billboards is very effective in reaching the people of an area and in getting the message across.

Advantages

1. It is a medium that takes advantage of the fact that people in the United States are "on the go" a great deal of the time.
2. It can be seen for at least eight hours everyday and if it is lighted for 24 hours a day all year long.
3. It is a relatively low cost medium.
4. The message is generally interesting, bold and colorful.

Disadvantages

1. The message is sent to everyone that passes and therefore cannot be directed towards a specific group.
2. It is a visual message with very little written material to attract the viewers attention.
3. The message is very limited. It must be brief and simple.
4. Billboards must share the viewers attention with many other images.

CHAPTER 4 MEDIA USAGE

Costs

The cost for billboards is suprisingly small if you are providing public service messages. Most of the outdoor advertising companies provide space and installation of the billboards cost free. The only requirement is that the group or organization asking for the space pay the cost of printing the posters to be put up. The billboards are silkscreened on large sheets with special equipment and cost in the range of $15 to $20 depending upon how many are printed at one time. This price is for a one color billboard on white paper. As the number of colors increase and the design becomes more complicated the costs naturally increase because a separate printing must be done for each color. If photographs (half-tones) are desired, the cost will increase. If you are interested in providing this kind of material for your public education project, you should check with your nearest outdoor advertising company to see first if they provide space on a public service basis and second to determine the cost of the particular billboard you have in mind. A list of outdoor advertising companies is included as Appendix L. As with the other mass media discussed, it is important to make personal contact with the manager of the outdoor advertising company. He/she will be able to help you in the design of your billboard so that you can get the most for your money. The manager will have a listing of all the billboards in his/her area and can perhaps indicate which ones will be available for your message.

Materials Design and Production

Your billboard will have the simplest version of your message. It is easy to see that while traveling 55 miles per hour the viewer does not have time to read a complex message. The design must be simple and able to grab the travelers attention. The Star of Life is a good graphic for this purpose and the message must be simple. For instance, "In a Medical Emergency, Every Second Counts. CALL 911" is about as much information as the viewer can comfortably read. A sample design for a billboard is included as Appendix M. Because of overlapping coverage areas for EMS providers, it is very difficult if not impossible to design one billboard for your entire area of concern due to the different emergency telephone numbers for different providers. However, it is possible to leave the telephone number section blank on the posters and with an agreement from the outdoor advertising company, its personnel will paint in the correct number. This is another place were contact with the general manager is beneficial. Using his/her maps, you will be able to specify what telephone number should be used on a particular billboard so

that it is correct for that community.
Once you have selected a bold design and a simple message for your billboard it is necessary to produce a sample so the firm which does the silkscreening can photograph your original and produce the billboard. The outdoor advertising firm you are working with should be able to take care of sending your original off to the printing firm and having the finished billboards shipped to them. It is important to stay in contact with the outdoor advertising company so that you will know when your billboards are done. The master should be "camera ready". If you are unable to do this yourself seek help from your local newspaper or printing plant. They have a great deal of experience in dealing with the production of camera ready copy. It is important to remember that while the original could not possibly be the same size as the final billboard it must be in the correct proportions.

Distribution

The distribution and display of your billboards will take several months. The space offered by most outdoor advertising companies is on a "space available" basis. This means that when they have a blank billboard unit available they will install your poster, but sometimes it takes several months for these unpaid-for-units to become available. However, the outdoor ad company will give you a guaranteed display of approximately 30 days to permit you to have the exposure necessary to adequately account for the cost of having the posters printed. The distribution is simple. The completed posters are shipped to the outdoor advertising company and held in their warehouses until space becomes available. If there is more than one outdoor advertising firm within your area, it will be necessary for you to pick up the posters which you wish to have displayed by the other firms and deliver them in person. These arrangements should be made prior to the poster delivery however.

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DIRECT MAIL

Direct mail is considered by many to be the Cadillac of the mass media. As we all can well attest, a great deal of direct mail advertising is delivered to residents in our country every week. However, regardless of the vast percentage of the commercial advertising budget that is spent on direct mail, only approximately 1/3 of all direct mail is opened and read carefully. Because of the cost of producing and mailing letters, brochures and/or circulars and telephone stickers, it will probably prove too costly for a public education campaign. Because of this high cost, our discussion of direct mail will be highly summarized.

The direct mail medium is highly dependent upon an efficient mail service and because the postal service is part of the public sector, public service space or service, as yet, is not available. The effectiveness of a direct mail campaign is only as good as the mailing list that is used and it takes a great deal of time and effort to construct and keep current an effective mailing list. However, if a good mailing list is constructed, it gives the mailer complete control over the audience and area that is reached with the material.

Advantages

1. Receipients may be exactly determined and therefore the material that is "wasted" can be kept to a minimum.
2. The sender has good control of who receives the message.
3. It can be directed personally to the intended receiver.
4. Usually, the receiver will give full attention to the message when it is received.
5. It can be produced and sent relatively quickly.
6. It allows for a response to be made by the audience, i.e. return a card or call a phone number for information.

Disadvantages

1. There is a general tendency to throw away "junk mail"
2. It is very expensive per individual reached with the message.
3. The worth of a direct mail campaign depends upon the effectiveness of the mailing list. If a poor list is used the waste involved in the mailing makes the cost prohibitive for the results that can be expected.

4. The material that is mailed must stand on its own as far as attracting the readers interest. It must "grab" the readers attention and hold it.

Costs

The costs for direct mail advertising can be divided into three areas: 1. The cost of producing the materials to be mailed, 2. The cost of the construction and maintainance of a mailing list and 3. Postage. The cost of producing the materials will be covered under each of those individual topics, i.e. brochures, telephone stickers, etc. However, it is important to keep in mind that in figuring the total cost of a direct mail campaign these must be kept in mind.

Constructing and maintaining a mailing list is relatively expensive, especially if it is to be used only a limited number of times. An average figure is 20 cents for the addition of a name and 1-2 cents for the production of a label. The cost or deleting a name from the mailing list would be between 5-10 cents. While this seems small for an individual case the cost becomes large in dealing with thousands of names.

The postage cost for bulk mailings, at a minimum, is 2 cents per piece if there are at least 200 identical items to be mailed. It is possible, however that in some areas the mailing list would not contain the minimum number of pieces required for the 2 cent bulk rate and the regular first class rate of 13 cents would then be necessary. It is easy to see why the cost of direct mail is high. For instance, starting from scratch and not counting the cost of producing the materials, the cost for a mailing to 1000 households would be approximately $240.

It is possible, however, for you to obtain an already constructed mailing list from a local source such as newspaper, civic organizations, utility companies, etc. You should check to see that this list covers the area and the audience you are interested in and that it has been checked and updated recently. Using a list that has quite a few incorrect addresses increases your cost considerably because of the waste involved in sending material that ends up in the postal service trash containers.

A second alternative to constructing your own mailing list is to make an arrangement with businesses in your area that make regular mailings. Electric companies, public service gas companies, water and sewer authroities, banks, telephone companies, and similar public service organizations are all good prospects for such an arrangement. If you can get the companies approval, when one of their mailings goes out you can include your material. Such

lists are usually updated frequently and you can save the cost of postage and mailing list construction and maintainence.
Since the areas served by the utility companies are usually not the same as those served by the EMS providers it is necessary to develop and design materials that have a general message so that they are able to go to citizens in different EMS provider areas without creating incorrect or confusing information. The one exception to this could be telephone companies. If the telephone companies in your area have the capability to divide their mailing according to exchanges, with a little pre-planning, you can address information to the users of particular exchanges and thus be able to provide the correct emergency number to each household. This would enable you, for instance,to provide telephone stickers to the households that could use them. The correct emergency telephone number in the household of every family using a particular exchange would go far in giving the citizens of your area the knowledge required to correctly access their Emergency Medical Service system.

Materials Design and Preparation

The materials design and preparation for direct mail pieces is the same as for the individual items, i.e. brochures, telephone stickers, etc. However, there are some important considerations that should be kept in mind when selecting already existing material from your public education effort for use as direct mail pieces.
The majority of automatic envelope filling machines have a minimum size requirement of 3" by 5". At least one public education project has been frustrated by making pieces to be mailed too small to go through the automatic mailing machines. This means that tens of thousands of pieces would either have to be inserted by hand or delivered in another way. If you were dealing with a utility company it would be impossible to use hand labor since the time constraints for getting out the bills would not permit it.
It is important to keep in mind that the pieces you mail will have to stand alone. They will have to capture the readers attention and retain their interest throughout the entire piece. Make your materials attractive and bold. Keep the message simple but tell the reader why the information is important to him/her and their family.

Distribution

The distribution of direct mail material is through the U.S. Post Office. If you do not have a bulk mail permit and want to use that rate, check with your post office to find out the rules, regulations and cost of doing so along with obtaining copies of the forms that are necessary to use the bulk mail rate. If you are using someone elses mailing list, the importance of checking to make sure that it is an up to date list cannot be emphasized enough. Even

if you are not paying for the postage, you will be paying for the materials which can be very costly, especially so when they are not being delivered to your intended audience.

This is the last section in the mass media group. The next five sections will deal with materials that are produced to be used individually or with small groups. These are: brochures, posters, telephone stickers, and slide/tape presentations. Additionally, a section on group presentions will be included. These sections are included because it is believed that in personal or small group settings a great deal of information can be communicated about the Emergency Medical Services System. The mass media will be able to create an awareness of the existence of the system but these local personal media will be able to educate the public about the services and life saving help the EMS providers can bring to a medical emergency.

CHAPTER 4 MEDIA USAGE

INDIVIDUAL OR SMALL GROUP PRESENTATIONS

In this section we will be dealing with individual or small group presentations. We will discuss materials which are prepared specifically for delivery to individuals during the public education project. In the second part of this section we will consider slide tape materials and small group presentations. The individual materials will be used with the group presentations so that participants will have something to carry away with them after the presentation as an aid to the memory. Brochures, handouts etc. serve a valuable function in providing the participants with "reference" material that they can take to their homes and refer to later to get a better idea of the total Emergency Medical Services system.

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BROCHURES

Brochures are perhaps the most common of the materials that are prepared for Emergency Medical Services public education projects. They are perhaps the most important because they provide the reader with a rather complete and detailed picture of the EMS story.

Brochures include such things as handouts, circulars, multi-colored presentation pieces, preparedness cards and a variety of single concept handouts. They can provide information on one aspect of the EMS story or a detailed description of the full range of services, training and motivation of the EMS provider.

It is important to consider the place of the brochure within the entire public education campaign you are developing. Keep in mind that each piece is a part of the whole. This means that the "themes" introduced in the mass media campaigns on radio, television, and the newspapers should be continued and more fully developd in the brochures and supplementary media used in the campaign. It helps to tie the project message together if a phrase or idea introduced in the mass media is repeated and strengthened in the personal contact campaign. Catch phrases such as, "In an Emergency Situation, Every Second Counts" or "Knowing your emergency Number Could Save the Life of Someone you Love" can be most beneficial in tying the whole effort into one coherent package. Presenting the citizens of your region with a simple message will enable them to identify with the entire campaign and thus make your campaign more effective.

Advantages

1. They can present a variety of messages
2. They can be highly personal and ask for the readers participation.
3. They can generate a great deal of public interest in the cause they espouse.
4. They can present a very "sleek" image of the organization they represent.
5. They have local impact and can be used to further the fund raising activities of local providers.
6. They are relatively inexpensive.
7. Brochures can be retained for future reference.
8. They can present relatively long and detailed messages.

Disadvantages

1. They must be part of a larger campaign. They serve a supplementary function and must be supported by a larger campaign or they will be "lost" in all the other messages the citizens in your area receive each day.
2. They must be designed so that they stand on their own. Brochures have no other materials which travel along with them to hold the reader's/recipient's interest.
3. Their communication value depends upon the audience's reading them.
4. There is a limited audience who will receive and read them.
5. They are more difficult to distribute than are the mass media messages.
6. The message must be general since brochures are usually printed in quantity for distribution over the entire area.

Costs

The cost of producing brochures varies with the number of colors used, type of material printed, number of copies produced, type and quality of the paper stock used and the printer. It is best to get estimates from several printers on cost and the amount of time necessary for the completion of the job. In general, you should ask for the offset plates at the time you pick up your job. A significant part of the cost of the job is the preparation of the printing plates. If you keep these on file, additional printings will cost less since the original plates can be used. Depending upon the complexity of the printing job, the cost for brochures will generally run between 1 to 5 cents per copy. While this does not seem like a great amount, multiplied by 40 to 100 thousand brochures the cost becomes significant. This points up the necessity of insuring that distribution is effective so that each brochure reaches a citizen of your area and the waste is kept to a minimum.

Materials Design and Production

The design and production of brochures, circulars, handouts etc. is both a simple and complex procedure. It is simple in that the operations involved are relatively standard within the printing industry. It is complex in that the skills involved in the production of "camera ready" copy for the printer come mainly through practice. This is not to say that the project staff should not

try to do all it can to simplify the process but if these production skills are not available, you should not hesitate to turn to professionals to help with the production. Local printers and newspaper professionals have the skills which in the long run will save you production money. You should turn to these people in order to produce an efficient and effective brochure.

In writing copy for the brochure, review the suggestions set forth in the discussion of writing for broadcast and news releases. Does the copy make sense? Have you written in a concise and clear manner? It is possible in a brochure to present a much more detailed picture of the Emergency Medical Services system but still make the information alive and exciting for the reader. The five "W,s" and the "H" (Who,What,When,Where,Why and How) are important for the production of the brochure.

Examples of the brochures and supplementary media used in the campaign for the Region J Public Education Project are included as Appendix N . While these may not be applicable to your local situation, they can serve as a guide for your design. The small brochure entitled "E.M.T.'s could save your life" was designed as a single concept brochure. It presents the basic situations in which the EMS system should be accessed. The second brochure entitled. "Emergency Medical Services, Your best help in a medical emergency" is the most complete brochure posing and answering questions about the entire Emergency Medical Services System. The final "Preparedness Card" presents a step by step procedure for anyone faced with an emergency medical situation. In addition to the step by step procedure, all of the Emergency Telephone Numbers for a wide area are provided on a wallet size card to be carried at all times. These three pieces represent material to fulfill the three basic needs of citizens to properly utilize the EMS system.

1. When to access the system.

2. How to access the system.

3. What is the Emergency Medical Services System?

If every citizen in your area knows these three types of information, then your EMS system will be properly utilized.

It is important to emphasize once again that the materials prepared for the mass media and the personal media (brochures), should be designed around a central theme. This is necessary if the recipients are to build the information that comes from a variety of sources into a coherent whole. The catch phrases and reoccuring statements will reinforce each other to make the knowledge of the EMS system "stick" with the citizens of your area.

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POSTERS

Posters, for the purposes of this discussion, will include such things as cards that are put in buses, posters to be used indoors in places of business, and materials that are used out of doors in towns and cities. Posters or show cards are good ways to get a simple message to the people at a relatively low cost. They can be simple, using only one color, or they can be complex using large color photographs to communicate the message. As with other materials discussed, it is important to insure that your poster materials blend with other media you have used to give an overall theme to the entire campaign. Posters are a supplementary medium to the whole campaign but can be a very important attention getter.

Advantages

1. Posters can be highly visable.
2. They are relatively inexpensive to produce.
3. They can be used in a variety of ways and in a variety of settings.
4. They can be tailored for local use.

Disadvantages

1. In order to print large quantities at one time, they must be designed with a general message which can be added to at the local level.
2. They must stand alone to capture the viewers attention.
3. They can have only a short message.
4. In general, they must be delivered by hand.

Costs

The cost of production varies greatly depending upon the size and complexity of the printing process used. Relatively small posters in the range of 11" X

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18" to 16" X 24" printed in one color on standard card stock will cost about 25 cents per piece with a press run of 500. This is an estimated figure and you should check with several local printers for cost estimates to get the price in your area. If you decide to use four color printing and have photographs on your poster, the cost will increase rapidly. It is possible that posters could cost several dollars apiece if they become extravaganzas. It should be remembered that printing costs can be broken down into three basic factors. 1. The cost of preparing the artwork and printing plates, 2. The cost of the paper and 3. The cost of the press time for the printing run. With this in mind, it is easy to see that the cost for art work and printing plates is a fixed cost and remains the same whether you are printing one copy or a thousand. However, the cost of the paper and to a certain extent the cost of the press time increase with the number of copies. Paper costs can be decreased if you consult with the printer who is doing the work to find which size poster will make maximum use of the stock paper sizes and reduce the amount of waste that is trimmed to get the finished poster size you want.

Materials Design and Production

The design considerations for posters are similar to those for producing billboards. It is important to realize that in most cases the poster will be competing for attention with a large number of other things. Keep the message simple and present it in a bold manner. Examples of two single color posters are included as Appendix O. The message should be brief and present the viewer with important information. The emergency phone number to call in a given area and a reason to call that number would make a suitable message for a poster. By designing the poster with the space for the telephone number left blank, the posters could then be used in many areas by having the local provider fill in the correct number. It is also possible to have the basic poster printed in one color and then with a second press run add any one of several numbers in a second color.

The size of the poster is important in many instances. If you plan to use one of your poster designs as a bus card, it is necessary that the height dimension be 11" since this is the standard size for the display area in buses. If you think that the buses in your area may be different, check with the appropriate people to be sure. The length for a bus card can be from 18 to 24 inches. Many bus companies have regulations for their advertisers as to correct length and it is wise to check and make sure.
Size is also important for posters that will be used in places of business.

Posters that are too large will not be displayed. A poster that is 16" by 24" can be clearly seen and still not overpowering. Since in some places, posters are stood up in a window rather than being posted, it is important that they be rigid enough to stand alone. Overly large posters have a tendency to fold in the middle and fall. When you are ready to determine the size of your poster, cut pieces of the type paper you plan to use for the poster to various sizes for test purposes. Your printer will be able to advise you of the cost for the various weights of paper and you can make an informed decision balancing size of the poster with the weight of the paper and the cost of the finished product.

Keep your message simple and personal. These are the most important considerations in designing your poster. Make sure the design will allow the poster to be used in all localites where you want it used. If information is to be added at a local level insure that it will be done neatly, either by providing pre-printed material that will be pasted in or by obtaining a rubber stamp or similar device to add the local information.

Distribution

Distribution of posters in most cases will be by hand. Generally, the people who know the local area best are the members of the Rescue Squad. If they are presented with the finished product and a brief description of the purpose, they will be able to provide a good distribution chain. This gives them an opportunity to get to know the businesses and public gathering places in their local community better, but more importantly it will give the business and public service workers a chance to be exposed to the EMS providers.

Distribution of bus cards and their installation in the buses is perhaps more involved, but there are fewer places that need to be contacted. You should approach the transportation office and find out who is in charge of the advertising in the buses and inform him/her of your public service campaign and ask for free space. In some instances the bus company will have contracted with an advertising concern to sell the spaces on the bus. If this is the case, there will probably be a nominal charge per card for the installation of your message. This will be in the area of 1 to 2 dollars per card, however, this will give you the assurance that the cards will be maintained in good condition and replaced when necessary. If you are working with a small system, you might be asked to install the cards yourself. In either case, it is important to contact the transportation office and determine the procedure necessary to get your cards in front of the public.

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TELEPHONE STICKERS

Telephone stickers with the emergency telephone number for Emergency Medical Services are one of the most useful items that can be produced for a public education campaign. They are highly visible and once installed can provide citizens with immediate access to the Emergency Medical Services System. Telephone stickers can be placed on home, office and business telephones and thereby blanket an entire area with the correct telephone number to call.

Telephone stickers can become public relations items which can heighten the awareness of the public and therefore must be designed with care so as to create the correct impression with the public.

There can, however, be some problems of acceptance by the telephone companies which we will discuss in the design and production section. It must be remembered that while telephone stickers are often the prestige items in a public information and education campaign, they are supplementary media. The Telephone stickers will enable the citizens of a particular region to have access to the EMS system but they must also know when to call and have an understanding of what the Emergency Medical Services System is and what it can and CAN'T do for them.

Advantages

1. Telephone stickers can permit anyone using a telephone to have access to the EMS system.
2. They are a personal medium.
3. They can be tailored for a given locality.
4. Because of their visibility, they can be highly effective in promoting EMS.
5. They are relatively inexpensive.

Disadvantages

1. They are a supplementary medium.
2. They must stand on their own and catch the public's interest.
3. Citizens must use them if the stickers are to be effective.
4. Sometimes, telephone companies object to stickers.

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Costs

Depending upon the number and the complexity of the telephone stickers you order, the cost for telephone stickers will probably fall in the range of $11.00 to $30.00 per thousand stickers or approximately 1 to 3 cents per sticker. If you are dealing with a larger population, you will want to seek bids on the total job. The bidding process is discussed in the following materials design and production section.

Materials Design and Production

In most areas, if you are to have one telephone sticker available for every telephone, a large number of stickers are needed. From the discussion of direct mail materials, it is important to remember that most automatic envelope filling machines require 3" X 5" as the minimum size piece that can be automatically stuffed. This means that for a telephone sticker to meet the minimum size requirement and still be able to fit on a telephone, it is necessary to design the sticker so that a portion with the telephone number on it will peel off and stick on the telephone. In order to do this a special machine which will die cut the sticker is needed. These machines are not usually available in a small or even medium size community. Therefore chances are good that you will need to go to a large commercial printer, both for the special machinery required and because of the large number of pieces that will need to be printed.

In order to keep costs down, it is suggested that bids be let to get the best price. The following is an example of the specifications required when asking for bids through a govermental organization. They are intended not as the last word in specifications but as a guide to items to be covered when writing specifications. These were prepared for the State of North Carolina, Department of Administration, Purchase and Contract Division.

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1. Material will be F.O.B. at using agency with all transportation charges prepaid and included in the prices quoted herein.

2. Prices and any other entry made hereon by the bidder shall be considered firm and not subject to change or withdrawal.

3. Quote prices for a total of 175,000 white pressure sensitive labels, continuous, pinhole feed not necessary; fan folded, 2 colors of ink, camera ready art furnished by the using agency including phone numbers (19 different numbers) to be stripped in by the vendor. Finished size of label to be 5" X 3" with latex or removable adhesive. Quantities will vary for each of the phone numbers from 500 to 20,000.

4. There is to be a die cut area within the 5" X 3" area approximately 2" X 3/4" to detach only the phone number which will be attached on a telephone.

5. Boxing will be by telephone numbers and clearly labeled.

6. Full count delivery, no shortage. A maximum of 2% overrun will be accepted and paid for on the quoted per unit basis.

7. Prices shall include all labor, materials and delivery.

8. Samples of similar items and actual stocks proposed must accompany bid, for testing and approval.

9. All materials and workmanship shall be of good quality.

10. Proofs within_____consecutive calendar days after receipt of copy and order.

11. Complete delivery within_____consecutive calendar days after return of OK'd proofs.

12. TOTAL PRICE 175,000 LABELS.....$____ $____
PER M TOTAL

While the bid process is relatively simple, care must be taken to insure that there are no loop holes in the specifications for the finished product. It would be a disaster to receive 175,000 telephone stickers which were unusable for your purpose or too late for your campaign.

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It should be pointed out that the specification of latex adhesive permits the sticker to be removed from the telephone instrument without any residue. This makes the stickers more acceptable to telephone companies since their concern is that stickers can not be removed from their equipment when transfer to other locations becomes necessary. The advantage of latex adhesive should be pointed out to the telephone company representatives when you discuss the project with them.

The size of the sticker is important and will enable you to save considerable time and expense in preparing them for distribution. An example of a telephone sticker of this size with the die cut area for placement on a telephone is included as Appendix P.

In designing your telephone sticker, remember that it must stand alone and capture the interest of the receiver. It should be attractive and reinforce the theme and/or "catch phrases" of your campaign. The portion that peels off and attaches to the telephone should have the emergency number in large numerals so that it is easily readable. It should also include some identification so that there is no mistake that this is the EMS emergency number. You should avoid an excess of printed matter and let bold graphic designs help deliver your message and gain the receivers attention. Instruction on how to remove the portion that attaches to the telephone with a request that the individual peel and place the sticker on the telephone will encourage participation. To be effective, you must get the stickers on the telephones.

Distribution

Because of the large number of stickers necessary to cover an entire area and because of the large number of different telephone exchanges and therefore numbers that are in a given area, it is advisable to have several distribution possibilities.

As mentioned in the Direct Mail section, the telephone companies can provide a very efficient way to distribute the telephone stickers. Most telephone companies are able to divide their billing on the bases of the exchanges that are served. This means that in many cases the stickers for a particular emergency number can be sent with the bills. In some cases you may get even further cooperation from the telephone company in that its service people will install the stickers on the public telephones in a given area.

Local rescue squads and ambulance services also serve as a distribution chain. During fund raising events and door to door fund drives, the distribution of telephone stickers serve to alert the citizens to their emergency number and to provide a symbolic return for their donation.

It is also possible that local radio stations will offer promotional time and energy for the distribution of the stickers. Various combinations of writing, calling, or coming to the radio station or rescue squad building to receive their stickers have been used. Care should be exercised with this approach however to insure that individuals receive the correct emergency number for their exchange and provider coverage area.

Direct mail other than the telephone companies could be used as well but depending upon the area covered, the task of matching individuals, correct emergency numbers, and provider coverage areas often becomes very great.

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SLIDE TAPE MATERIALS

A slide tape program(s) could be the most widely and often used media in your public education campaign. A slide tape program has the slide changes and narration sycronized by a tape player/programmer. This type of arrangement allows you to control the quality of the presentation to insure that it remains constant across all presentations and gives rather detailed information about the EMS system. It can be used in a variety of settings to good advantage. Slide/tape programs are used most often in small group settings such as school classes, civic groups, special library programs, etc. They can also be used with a continuous loop tape and a rear screen projection unit for shopping centers, health career days, fairs, large display units and the like where it is necessary for a large number of people to pass and view the exhibit.

A slide tape program offers the use of attention getting slides in color coupled with sounds and narration to provide detailed information on the EMS system. It commands the viewer's attention since it is usually shown in a darkened room. Therefore, quality is important, you must produce a program that is professional quality in both the slides that are seen and the soundtrack that is heard. Once you have the viewers attention you must hold it with an interesting, well paced, and informative program.

Advantages

1. Slide/tape programs can use color, sight and sound to get the message across.
2. They can tell the complete story of the EMS system.
3. They can give the illusion of motion and time.
4. They are more interesting and hold the interest of the audience longer than straight print material.
5. Unlike film, they can be tailored for the local area and personalized for the local EMS service provider at a reasonable cost.
6. They provide the basic facts for further discussion in a group presentation.

Disadvantages

1. Slide tape programs that are done well require the services of individuals who are knowledgeable in script writing, photography and sound recording.

2. In order to be used, slide/tape programs require a slide projector and a syncronizer/playback tape recorder.

3. The cost of production, supplies and equipment is greater than some other materials.

Costs

The costs for the actual production of the master copy of a slide tape program vary greatly depending upon who does the actual production. If you have the volunteer services of a script writer, photographer and sound engineer the actual cost of supplies will be in the range of $150 to $500. If you contract with a commercial firm or "freelance" producer the cost of producing one slide tape program of 80 slides or less would be between $1000 and $2400. These are of course estimates and you should get at least three price quotations before letting a contract. It is important, however, to make your decision both on the basis of price and the quality of previous slide tape programs that the firm or individual has produced. In most cases it will be necessary to "educate" your selected producer about the EMS system in order that he/she can present the information in an interesting, enthusiastic and correct manner.

The cost of equipment is somewhat less variable. In order to present your program in the best possible way you will need a 35mm slide projector that automatically focuses each slide as it is projected. Focusing each slide manually detracts greatly from the overall effect. A Kodak Autofocus Carosel projector or its equivalent should be used. The cost for a Kodak Autofocus projector is between $200 and $275 depending upon the supplier and the quantity ordered.

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The selection of a tape player/sycronizer is a somewhat more difficult problem. The manufacture of relatively inexpensive models is a rather recent event. Therefore, many models have gone out of production. The Tiffen 7200 and the Tiffen 7300 are two good models which provide good sound and relatively trouble free operation and cost between $150 and $200 depending upon the vendor. Wollensak makes a tape player/sycronizer which costs between $350 and $400 dollars. The products of both manufactures do the same thing...syncronize a projector and play back a cassette tape. The more expensive Wollensak is listed because it is available in more places than the Tiffen models. It is clear that many new models will be available from different manufacturers in the future.

Regardless of the combination of equipment you purchase for the showing of a slide tape program, it is important that in the purchasing of multiple units that the same equipment be purchased so that you can standardize the original program and produce multiple copies instead of having to produce a variety of originals because of equipment incompatibility.

A final cost to be considered is the cost of reproducing the slides and the cassette tapes. These costs vary only a few cents per slide, but this becomes important when dealing with 80 slides for 30 providers. The cost for duplicating a 35mm slide can range between 15 cents for volume duplication to 30 cents for a single duplication. It is important here as well as in the original production to make the final decision on the basis of cost and the quality of work that the potential vendor has done previously. It is no bargin to have saved 1 cent per slide only to have the finished product with a heavy blue cast or underexposed.

When duplicating a large number of slide shows, a service which is necessary but not always available, is the numbering and putting in order (collating) of the duplicated slides. This was included in the cost estimates given above, but you should check to make sure that it is available because not every slide duplicator can provide this necessary service.

The final cost necessary to consider is the duplication of the cassette tape with the sound track and the cueing tones for the slide changes. This cost is based on the length of the tape. A tape 10 minutes or less in length would cost between $3 and $5. Be sure that the individual or recording studio doing the work has the necessary equipment to duplicate the inaudible tones that serve as the cueing signal for the slide changes. Usually only recording studios will have the necessary equipment to do this. When you are checking prices, make sure they understand that you have a tape with these signals on it.

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Materials Design and Production

Because of the complexities of the production phase of slide tape materials, our discussion will be confined to design and message considerations. References for production information are included in the final section.

The most important part of the design phase of slide tape materials is the planning of the program that you wish to produce. Using the information obtained about the needs of the citizens of your area with regards to information about the EMS system, you should determine the objectives of the slide tape program. What will the viewer know after he/she has viewed the slide tape program? With these objectives, you can begin to write down the major points of information that you will cover in the slide tape program. Once you have determined the major points to be included, arrange the information in a logical sequence so that it flows from one point to the next in a smooth manner.

Finally, with this important preliminary planning done, present the basic plan to the individual or firm who is going to produce the program or start to write the script yourself. Turning the project over to an outside producer at this point will increase the total cost and possibly entail more time for the entire production. If you write the script it will cost less but use more of your time and that of your staff, but probably will portray the message you want in the program more clearly.

If you turn the project over to an outside concern at this time what should you expect? Along with the original cost estimates you should also ask for time estimates of the various phases in the production of the program:

1. Rough Draft of Script and Storyboard
2. Final Draft of Storyboard and Script
3. Graphics and Slides completed
4. Live Photography Completed
5. Soundtrack rough cut reviewed
6. Final Soundtrack Completed
7. Final Slide/tape Program Delivered

This list is not exhaustive but gives major check points that you should look for. Each requires your approval before the producer goes on with the program. These check points allow you to make corrections to the work before it becomes impractical to do so because of cost. It is also important to have completion dates on these phases so that you can plan for the distribution of the finished products. As mentioned earlier, it will probably be necessary to "educate" the producer about the EMS system and about the audience you have in mind for the final program. This will require meetings with the producer several times at the beginning of this process to insure that the producer understands what you want in the way of a slide tape program. By not writing the script and storyboard yourself, the possibility of a variety of interpretations and presentations of the information you want to deliver exists. Your meeting with the producer will help you to get the intrepretation and presentation you want.

If you or your staff are planning to prepare the script and storyboard, the examples of a) storyboard cards, b) script pages, c) shooting guides and d) the finished scripts from two slide/tape programs which are included as Appendix Q will be useful.

Storyboard cards serve to connect the narration, visual and special instructions for each slide in your program. This enables you to see if they all fit together with each other and then enables you to see how each slide fits into the entire program. By having each individual slide represented on a single card you can move single slides or groups of slides around until they are in the logical and most effective order for your presentation. It is not necessary to be an accomplished artist to fill in the visual portion of the card. Just indicate the major items that will be in the picture or graphic that you want in that spot, so that you will remember and can communicate to others what you want. Break your major points into small steps so that you are using the visuals and the narrative to communicate the information to the audience. Try to keep the narration for each slide relatively short and the visuals varied to maintain interest and the pace of the program lively. A certain part of your presentation is entertainment but education can be entertaining as well as informative.

The script pages can be used for the final draft of your storyboard. This is helpful if the script needs to be approved by an outside agency. It presents your conceptualization of the slide/tape program in a concise manner and is more easily duplicated than the storyboard cards. The reader will be able

to see the movement and pace of the program from scanning the sheets.

The shooting script is used as a guide and shortened form of the script for use when doing the live photography in the field. This enables you to keep track of the shots that are necessary and presents them in a manner so that similar shots are put together to save the need to go back later in the shooting period to retake a similar shot that could have been done earlier. This is especially useful if you have made a general master slide show but are personalizing it for various rescue squads in your area. This means that the basic show is the same for everyone but when the script mentions EMT's or rescue vans or hospitals, local shots are used.

The sample scripts are included in Appendix Q to give you some some ideas about the types of information, both verbal and visual that are effectively presented in a slide tape program. The slide tape format allows you to present rather detailed information about the EMS system. You will have an audience that is captive (for a short amount of time) and have few distractions to take their attention away from your message.

Write your script in such a way that the narration is general enough for use throughout your area but so the visuals can be personalized for local providers. Personalizing the slide tape program for the local level helps to motivate the personnel to use the materials more often. This is not a slide show about EMS (they will think) buy a story about Mytown's Rescue Squad.....I want my friends and neighbors to see it. It is necessary to produce this kind of motivation so that the information will be shown to the citizens of the area. The message should raise some questions in the viewers mind about EMS at the local level. Most often the slide tape is used to stimulate discussion at meetings and formal presentations. The slide tape format is able to convey a large amount of information but it is best, at least initially, to keep to the three basic elements discussed previously: What is the EMS System? When should it be called? and How can I gain access to the EMS system? If everyone in your audience would gain an awareness of just these elements, your program would be a success.

After you have written a rough draft of your storyboard, share it with several people who are involved with EMS at several levels for their comments. There may be something that you overlooked or the comments of others might show how you can improve the program.

When the story board is in polished form, it is time to produce the slides and the narration. Most people, nowadays, are relatively sophisticated when it comes to viewing audio/visual materials. Therefore, for the production of

a slide tape program which will be well received, strive for professional quality. If professional talent is not available to you on a volunteer basis, it is necessary to hire it. A poor quality program will not be shown widely and will be a discredit to the entire project.

Distribution

The distribution of slide/tape materials is relatively simple since there are only a few complete packages. However, it is very important to make sure that the slide tape program will be shown over and over again to get the information to the people who need it and to make the materials cost effective. If shown to enough individuals, a slide tape program could be the cheapest material on a per person basis. The next section on group presentations will talk about setting up showings of the slide tape program.

In distributing the actual materials and equipment, it is important to make them accessible to the greatest number of potential presenters. If there are one or more slide/tape programs with the necessary equipment for each provider, the provider seems to be the logical recipient of the materials. However, if there is only one set of materials and equipment per county, it will be necessary for some one to assume responsibility and deliver them to the individuals who will be making presentations to the public. This could be the chairman of the County EMS Council, the Director of the Public Education Committee or someone associated with the major hospital in the area. It is important to identify an individual or group who will keep the materials in circulation and encourage presentations. It is also important to keep a copy of the program for use with groups outside your immediate project area and for use with displays or special programs about EMS.

CHAPTER 4 MEDIA USAGE

GROUP PRESENTATIONS

While group presentations may be of a different order than the other media thus far presented, they are an invaluable method of getting the EMS message to the citizens of your area. Group presentations use much of the media previously described, but deliver them in a personal face-to-face situation. The dissemination of detailed information about the EMS system is most effective when done on a one to one or small group basis. A group presentation consists of an individual who is knowledgeable and intererested in the EMS system going before a variety of groups and helping them learn how the EMS system can save their lives. This is also a way in which you can insure that the public education effort will continue even after the project office is closed. Establishing a speakers bureau which will actively seek speaking engagements for its members, is a positive way of ensuring an ongoing public education effort for EMS.

The slide/tape programs provide a method of presenting a group with basic information about the local EMS situation. The presenter is then available to present detailed information about the local situation and suggest ways in which the citizen of a given area can be aided by the EMS system if they have the necessary information to access the system, know when to call the system, and have a basic understanding of the EMS system as a whole. The brochures, telephone stickers, and other supplementary materials produced by the project provide materials that the participants can carry away with them for further reference both for themselves and their family and friends. The group presentations provide one means for tying the entire public education campaign together.

Advantages

1. Group presentations make available one-on-one interaction with members of the community.
2. A local speaker lends credibility to the local EMS system.
3. Group presentations provide detailed information about the EMS system in a more cost effective manner than any other medium.
4. Group Presentations provide exposure for the local EMS provider.

Disadvantages

1. A large organizational effort is required to establish an effective speakers bureau.
2. It requires a continuing effort to actively pursue speaking engagements.
3. It is essential to coordinate these efforts and the materials available to produce effective results.
4. It is necessary to continue to recruit and train speakers in order to maintain the speakers bureau at a viable strength.

Costs

The cost is the most attractive aspect of the speakers bureau and group presentations. The cost of producing the materials is listed under those individual sections. The recruitment costs the project staff time but no additional cash outlay and the training of the speakers has already been done if they are knowledgeable about the EMS system. It is sometimes desireable to rent or purchase additional films or materials for presentations. Film costs are approximately 35-40 dollars for the rental of a 30 minute 16mm film or 300-600 dollars for the purchase of a film of the same length. In many cases, films can be borrowed free of charge from a variety of sources such as the American Medical Association, the Advanced Coronary Treatement Foundation, and most importantly from the state office of Emergency Medical Services. While the monetary cost of establishing a speakers bureau is very small the cost in organizational time is great but well worth it in terms of getting the EMS message to the citizens of your area.

Materials Design and Production

While it may be stretching the analogy of media production to extend it to group presentation, some of the same considerations can be applied to establishing speaker's bureaus.

Just as it is easier to solve some problems by breaking them down into smaller tasks, so it is with developing an area wide speakers bureau. A county organization with a county coordinator is perhaps the largest organization that can be dealt with effectively. The first task then is to recruit or enlist an effective county coordinator. You should look for an individul who is well known to the EMS providers and community groups within a given county. This is the key individual in the establishment of the county organization. The county

EMS council, if one exists, or the area EMS council is a good place to start looking. Because of the individual differences between and among counties and regions, it is impossible to specify precisely who should be chosen. However, it is important to enlist someone who is knowledgeable about EMS and committed to the idea of public education.

Once you have identified the individual(s) who meet this criteria, you must explain your program to them and ask for their help. Listen closely to their remarks so you can tailor your program for them and the area in which you are asking them to help you. They must be comfortable with the materials and the program that you are developing so they can work with you in making it a success. Once they understand what you are trying to do they will be able to develop the speakers bureaus on a local level. You will be able to provide help to them through the materials you develop and through providing the materials to the mass media in their area, but the success of the organization at county level will depend largely on them.

The local providers are the first place to start in building a cadre of presenters for local groups. They are knowledgeable about the EMS system and can relate their positive experience to the citizens at group meetings. The local organizers will be the ones contacting the EMT's but you can help by directing them with suggestions. Experience has shown that it is difficult to get an EMT who is unacustomed to public appearences to go before a group for the first time, however, after one or two presentations, he/she usually enjoys the exposure and the sharing of potentially lifesaving information.

EMT's are not the only personnel that can be used in the speakers bureau but they are the largest single identifiable group. Other people should be recruited but there is no way that these can be broadly identified and each locality will differ. The doctors and nurses in the Emergency Room of the local hospital may in one locality be very knowledgeable about EMS and excellent members of the speakers bureau, however, in other situations they may not be so good. Members of the EMS councils and/or the Rescue Squad Auxiliaries, are potentially good prospects for speakers bureaus.

The second task in developing group presentation is the active pursuit of speaking engagements for the speakers bureau. Making contact with the program chairman of local civic and community groups is a worthwhile method but an even more agressive pursuit is desireable. Schools, both public and private, are especially important to contact. In many cases, parents learn a great deal from their children about important matters in their community. The schools on a class by class basis are an effective means of communicating the EMS story. The message should be presented in a manner and language that is appropriate for the age group of the class but the message itself is appropriate enough for everyone who can use the telephone. In many cases,

a child is the only other person on the scene in household or farm emergencies. Lesson plans for three basic age groups are included as Appendix R. These are meant as guides for the presenters in making a presention and not to be exhaustive.

In addition to civic groups and schools, churches, senior citizen groups, women's groups and public libraries are prime organizations to contact. A list of other local groups which may be contacted is included as Appendix S. As you develop your speaker's bureaus, additional local groups will be identified that will help get the EMS message more broadly disseminated to the citizens of your area. It is important to have some mechanism for scheduling these presentations and insuring that a speaker with the appropriate materials will be able to give the program. This can be handled on a county level if the manpower is available or on a local provider level if this seems most advantageous, but it is important that once you have announced through the mass media that speakers are available, that they are responsive to the needs of the community.

To aid the speakers in their presentation, the slide/tape program or a motivational film provides a good lead off for the talk. You should not expect a group of people who are relatively unfamiliar with the EMS system to ask question or discuss it without providing them with some information about EMS that will prompt questions. This information input is the role of the slide/tape or film to lead off the presentation. The speaker will then be able to introduce the local system, explain in what ways it is the same or different from the material presented in the opening portion and answer the audiences questions on the differences and how it can be made better at the local level.

The brochures, telephone stickers, and supplementary media provide reference material for the participants. They provide something that the participants can carry away with them for future reference and show to their family and friends. It will help them remember what transpired at the presentation and to clarify information that was presented.

Group presentations have the added advantage of giving exposure to the local rescue squads and ambulance services and thus establishing stronger community relations. This is important both for the use of the EMS system by the citizens in time of emergency and for the citizen support of the local system.

CHAPTER 5 ESTABLISHING TIME FRAMES

ESTABLISHING TIME FRAMES

The establishment of time frames for the various phases of the public education project and the determination of the major milestones in the completion of the project are important planning tools for the project staff. In this section, the discussion will center around the projected times for major milestones, production times for the various media mentioned and estimates of the time necessary for local organizational development. Figures 1 and 2 in Appendix T present representative graphs of projected time versus actual time for completion of major milestones and materials production respectively.

The model for a systematic process in the development of a public education project contains seven major milestones. These steps are of varying size and in some cases overlap in their implementation. However, conceptually, the seven steps provide a useful way of looking at the project as a whole. The steps are:

1. Select and hire staff and secure space for project
2. Survey Educational Needs
3. Determine Objectives
4. Select Methods and Means for Educational Activities
5. Design and Produce Educational Materials
6. Conduct Educational Activities
7. Evaluate and Assess the Impact and Format of Public Education Project

In planning for a project of this scope, each of the major milestones should have a project completion time. This estimation of the time necessary for the completion of the individual milestones is an essential part of the planning process. However, these can only be estimates. They are based on the best information available at the time they are made, but contingencies at the time of implementation may force the estimates to be revised.

Therefore, as Brooks points out in enumerating the causes of delay in a project of any sort, "First, our techniques of estimating are poorly developed. More seriously, they reflect an unvoiced assumption which is quite untrue, i.e. that all will go well."[2]

One year is an inadequate amount of time to successfully complete a project of the scope described in this model of a systematic approach for the development of a public education project. It is necessary to complete certain of the tasks prior to undertaking others. A delay in one of the earlier phases of the project can set back the completion of phases further on in the project. For example, to allow for the dissemination of the project materials and the conduct of sufficient educational activities to make the final assessment of the impact of the project meaningful, a period of six to eight months is necessary. Even if major phases of the project are deleted, e.g., the initial survey of educational needs, more than a year is needed. A time frame of 18 to 24 months for a project of this scope is not unreasonable.

The first milestone is the hiring of staff and the securing of space for the project office. In most cases, the professional staff for the project will have been selected and all that remains is the hiring of the clerical staff. The space is usually a relatively simple matter and the total time for this phase is between three and four weeks.

Surveying the educational needs of an area is the first major task of a project. The time required depends upon a variety of factors:

1. The size of the area in which the survey is to be done.
2. Whether or not the project staff has the expertise to select the sample or if it will be necessary to hire outside consultants to do so.
3. The type of survey to be conducted, i.e. personal interview, mailed questionnaires, telephone survey, etc.

The project staff must design, reproduce, and distribute the questionnaire to the individuals who are going to complete it. The sample size must be determined and the sample selected. This could take between one and two months depending upon whether outside help is required or not. In general, working with outside firms takes more time than completing the tasks "in house". The training of interviewers and the actual data collection phase can take between one month and forever depending upon how the survey is set up. Finally, after the data has been collected it is necessary to analyze the data and prepare a report of findings. Once again it is better if

[2] Brooks, Frederick P., *The Mythical Man Month: Essays on Software Engineering*, (Phillippines: Addison-Wesley Publishing Company, Inc., 1975), p. 14.

the project staff can handle this rather than relying on outside help. However, at least three weeks are necessary to prepare the questionnaires for key punching and to have the data punched and analyzed by a computer.
This means that the total time frame for the intital survey of educational needs would be approximately two and one half to three and one half months if the conditions were optimal. If an initial survey is planned, it is necessary to allow this much time since the next phase of the project depends upon the completion of the initial survey and the use of the results of that survey for the determination of objectives.

The third milestone is the determination of objectives. The initial survey was designed to explore the level of awareness of EMS within a given area. It contained questions about the most important aspects of EMS that the public should know. The results revealed what the members of the community did not know. The results of that survey then serve as the planning information for determining which educational tasks are most important. These tasks can then be ordered from most to least important and stated as objectives for the project. From the completion of the initial survey to the completion of the objectives for the project should take approximately two to four weeks. It is important in this phase to concentrate on WHAT information the citizens of the area need rather than on how they are going to receive that information. The how questions are answered in the next phase.

Selection of the methods and means for educational activities involves development of a media strategy for satisfying the objectives determined from initial survey results. Since opportunities for putting the EMS message before the public emerge throughout the life of the project, it is important to develop a general overall strategy during this phase. The division of effort into mass media and personal media is part of this phase. It is important to consider the strengths and weaknesses of each of the types of media mentioned earlier in order to come up with an overall plan. This phase takes between two and four weeks to complete. Mass media are best used to create an initial high impact on the public. The message is necessarily short but the "reach" and "frequency" are great. The personal media, on the other hand, can provide a very detailed message about EMS. However, it takes longer to reach large numbers of people.

The next milestone is the design and production of materials which are appropriate for the media selected in the previous step. This phase is relatively continuous until the end of the project and therefore it is more meaningful

to talk about the times necessary for the production of various types of message mediums. Figure 2 in Appendix T displays typical times for the design, production, and distribution of the media discussed in Chapter 4. This chart is self-explanatory but it should be kept in mind that the times can vary greatly depending upon the firm which does the actual production. Materials which are produced by the project office such as radio spot announcements have the shortest lead time while those which must be contracted out such as master slide/tape programs and 16mm film commercials for television take the longest time.

The conducting of educational activities is similar to the design phase in that it is an ongoing activity. However, it is necessary to have at least some of the materials designed, produced, and distributed before the educational activities can start. This means that this phase will not start until approximately 5 months after the start of the project. It is worthwhile to consider that the design of the project and materials should be such that the educational activities will continue even after the formal project has come to a close.

The final phase in this project model is the evaluation and assessment of the project impact. This is perhaps the most important phase for future developmental efforts and the one most often overlooked or left undone. The evaluation should not be started until sufficient materials have been produced and educational activities conducted so that there has been possible impact on the citizens of a given area. This means that educational activities have been underway for at least 6 to 9 months before the start of the final survey or evaluation. The final survey will take approximately the same amount of time as the initial survey of educational needs with the exception that the survey plan and the sample selection portion will be shortened because of the prior experience. The length of time for the interviews and the tabulation and analysis of the data will remain approximately the same. This means that overall this portion of the project will take approximately two to three months.

Local Organizational Development

In the section discussing group presention, the necessity for establishing cadres of local speakers was mentioned. This is one of the major organizational tasks of a public education project. The use of EMS system volunteers for the completion of surveys is relatively minor in comparison. The survey completion is essentially a "one shot" involvement of short duration while the establishment of a speakers bureau is a longer range committment with the added problem of the potential speakers aversion to going before groups. The organizational development time for establishing a speakers bureau will

involve a significant amount of time if the speakers bureau organization is to be successful. This means that it will be necessary to start organizing the area or county coordinators at least three months prior to the time when the materails will be available for the first presentation. Continued efforts to work with the coordinators and their local groups must be made. In order to assess the effect of the speakers bureau a reporting mechanism should be developed. A sample presentation reporting form is included as Appendix U. Keeping a total of the presentations made in each area will give some indication of the success of the effort in that area. The reporting forms can also be used after the original project to keep the County and Regional EMS Councils informed as to the amount of public education still being carried on. It is important to keep in mind that if additional equipment is necessary for using the materials developed for public education, particularily, slide projectors and tape players/synchronizers, it is necessary to have these on order at least one month prior to the delivery of the slide/tape programs if only a few projectors or synchronizers are ordered or at least three months if more than five units are ordered.

CHAPTER 6 EMT AS PRIME SPEAKER

THE EMT as the PRIME INFORMATION SOURCE

There are several advantages of using the Emergency Medical Technician as the first source of information about the local EMS system. First he/she is intimately involved with the working of the system at a local level. This is the person who gives long hours of his/her time to help the citizens of a community in emergency situations. The EMT, of all the citizens of an area, is the one who knows the most about the services and capablilites of the local rescue squad or ambulance service. This is the person who is on the scene when the emergency call comes in. No one else has that kind of first hand experience and store of real life situations to communicate to a group of relatively naive citizens.

The EMT is on the scene at the time of emergency and does on a small scale conduct a public education effort every time he talks to people at the scene of an emergency. Because of his/her presence at the scene, the EMT gains prestige within the local community. Here is the person that could save your life in an emergency. Using EMT's to establish a speakers bureau within a locality, is utilizing the most knowledgeable people to get the EMS message across. Most EMT's do not consider themselves to be public speakers, but the two most important elements for a successful delivery exist in an EMT. They are knowledgeable about the system and know what it can do for the citizens of a given area. Secondly, they have the desire to communicate and get the information across to the people within that area. The flowing words of an orator and the style of a thespian are secondary to telling the message like it is. Members of civic groups, womens clubs, and public school classes find the EMS message exciting and it holds their attention like nothing else can. The general rule has been that EMT's after their first one or two presentations, feel the interest and attention of the group they are talking to, and come to look forward to making additional presentations.

Depending upon the number of EMT's available in any locality and the amount of time they have to devote to your public education project, they could probably handle it on their own. However, it is important to get several other members of your community into the speakers bureau. The EMT's then can work as an activating agent to spur others on to get the EMS message to the citizens of the area. The energy and drive of EMS personnel can be used to create interest and positive activity among other members of the community in promoting the EMS cause.

A secondary advantage of using the EMT is that as they gain greater visibility, the public interest increases and, in turn more funding becomes available. Whether the providers in your area work principally on the donations from periodic fund raising drives or events or whether they are principaly supported

by appropriated funds, an increased level of EMS awareness means an increase in the amount of money that is available to support the EMS system.

The EMT probably devotes the most time to community service. It is generally true that when you want something done, "Get a busy person to do it.". There are, however, only 24 hours in a day so you must get enough cooperation from all of the EMS personnel to spread the load of making presentations over as many individuals as possible. Using too few individuals will eventually result in their withdrawal from active involvement.

Emergency Medical Technicians are perhaps the most knowledgable and enthusiastic community members who can tell the EMS story. It is important that a public education project encourage them to expand their role of saving lives to also include educating the public on how the EMS system can bring help in time to prevent an emergency from becoming a tragedy.

CHAPTER 7 EVALUATION

EVALUATING the RESULTS

The final evaluation is a very important step in a systematic model for the development of a public education project for EMS. By evaluating the project you can see how well the activities and materials delivered the EMS message to the citizens of your area. You can get some indication of how the design of the project format was efficient in satisfying the objectives of the project as a whole. It allows the project office to determine possible short term and long term benefits as well as to obtain some measure of the effectiveness of the mass media in your particular area. It is important not to overlook this portion of the project.

Final Survey Design

In designing the final survey, you should look closely at the initial survey of educational needs. This will enable you to use the same questions and in the same format that you used for the initial survey. Using the same questions will give you comparable data on the amount of knowledge that the sample had before and after the public education project. Even though the individuals that make up the second sample are different from the individuals in the first sample. The sampling technique allows for comparison of the data. Ask those questions that concern the major items of information about the EMS system that you asked on the initial survey, i.e.:

1. Do the citizens know of the existence of an Emergency Medical Services system?

2. Do the citizens know how to access the EMS system i.e. What is the telephone number they should call in case of a medical emergency?

3. Do the citizens know what constitutes a life threatening situation or do they think of the EMS system as a way to get transportation to the hospital for any kind of ailment?

By asking those questions which are common to both survey instruments you can compare the responses with each other and the differences will give an indication of the impact of the project on the level of awareness in these three specific areas. This is important as well in that you will be able to determine where additional emphasis will need to be placed in further educational efforts.

Additionally, you will want to ask questions concerning where the citizens of your area obtained the information, within the last six months or year, about EMS and the EMS system. This will give you an indication of the effect of the various materials and media that you produced and used during the course of the education project. It is also worthwhile to have the interviewers, if you are using personal interviews, show the interviewees copies of the brochres and other print material produced and distributed during the campaign and ask them to identify which of the materials they had seen before. This will give you some indication of the acceptance and the scope of the distribution that your print materials have received. A sample questionnaire for the final survey is included as Appendix B.

In analyzing the data from the final survey, it is important to make specific note of the amount of time and the number of different material types that have been available to the local speaker's bureaus and to the local mass media. This is necessary so that you can judge the potential exposure to the EMS message that the citizens in your area have had. For example, if the educational activities have only had the possiblity of being conducted for three months you would expect that the amount of exposure possible and therefore the expected change in the responses of the participants in your area to be much less than if they had been exposed to them for six months or a year.

The sampling techniques and the survey methodology should be the same, or nearly so, as the initial survey so that the sample and the data are comparable. For further information on the sampling methodology and survey techniques, see Chapter 2 on Survey Methodology. These measures will give you an indication of the short term gains in public education and hence a measure of the immediate impact of the project. This is extremely valuable and provides "hard" data concerning the project which concludes your second major data gathering effort for the project.

Long Term Changes

In evaluating the success of the project you should also look at changes you have been able to effect in the public education efforts of the rescue squads, county EMS councils, and the Regional EMS councils. If the project was designed to continue after the project office closed, you should be able to see signs that the materials and procedures you developed continue to be used and that public education activities are still being conducted at the local level. As noted before, the reporting form for small group presentions can provide a measure of the success in designing an ongoing public educa-

tion project. The slide/tape programs, in particular, if put together in such a way as to present the local rescue squad in a flattering light, will continue to be used for many years to come.

Sensitizing the mass media to the EMS message can provide for more coverage for EMS in day to day news reporting. The PSA's which were made for TV will reoccur in the programming schedule if they were done well. These changes will occur and the public education project will continue without the direct involvement of a project staff if care is taken in the original design to facilitate continued use of the materials. These then are part of the long term changes which can be atributed to the original work of the public education effort.

Re-evaluation of the Project Format

When the project is completed, assuming that the project is of a definite length, it is important to review the project format and put into writing those areas where improvements in the format of the project could significantly increase the impact that the public education efforts have on the citizens of the area.

This would include such areas as staffing, funding for materials production, types of materials produced, the mix of the media used for getting the message across and any information about the survey conducted both before and after the project. This personal and subjective evaluation can prove invaluable to those who will later conduct similar projects in various parts of the state and country. It is important that the errors made in the project, from whatever source, be described and that suggested improvements be given so that everyone can learn from the successes and problems of your project.

The purpose of these various evaluation efforts is two fold. First, it will enable you and the funding agency to determine the worth of the public education effort and encourage the funding of additional projects. This is extremely important. As indicated in the introduction, the finest EMS system in the world is of little use if the citizens of the area do not understand the purpose of the system and the many advantages that it can offer them in medical emergencies. It is of no use if the citizens do not know when and how to access their system. This is the purpose of the public education project model described.
Secondly, the evaluation procedure provides the necessary data to determine

what future efforts are necessry to give people the information they need to properly use the system. It also provides for an EMS information base on which future projects can build with such topics as first aid and CPR. Future public education efforts should build on the information the citizens already have about EMS.

APPENDICES

Unless otherwise noted all of the following materials were originally 8½" by 11" but have been reduced for publication.

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APPENDIX A
INITIAL SURVEY INSTRUMENT
and
INTERVIEWER INSTRUCTIONS

REGION J
PUBLIC EDUCATION PROJECT
EMERGENCY MEDICAL SERVICES

SURVEY

PART I

INTRODUCE YOURSELF

Good evening, my name is _____. I am working as a volunteer with the Region J Emergency Medical Service Council. We are conducting a survey to discover how much is known about emergency medical services in this area.

The results will help the council to improve emergency medical care and for this reason, I would appreciate your help in answering a few questions about emergency medical services.

PART II

OBTAIN BACKGROUND INFORMATION

FOR THE FOLLOWING 4 ITEMS, MARK ITEM FROM YOUR OBSERVATION, DO NOT ASK.

A	Race:	*White*	1
		Black	2
		Other	3
B	Sex:	*Male*	1
		Female	2
C	County:	*Chatham*	1
		Durham	2
		Johnston	3
		Lee	4
		Orange	5
		Wake	6
D	Area:	*City*	1
		Rural-farm	2
		Rural non-farm	3

81

E. What is your occupation? (LIST HERE) _____

F. In which age bracket are you? STATE THESE AGE BRACKETS.

Under 35	1
35 thru 50	2
Over 50	3

G. What is the highest level of schooling you have completed?

Elementary	1
Some high school	2
High school graduate	3
Some higher education	4
College graduate	5

PART III: QUESTIONS ABOUT EMERGENCY MEDICAL SERVICES.

1. Is there a telephone in your home?

Yes	1
No	2

IF RESPONDENT ANSWERS NO, ASK:

2. How far is the nearest phone that you have access to? (LIST DISTANCE IN MILES) _____

3. Have you ever heard about the emergency medical system for your county?

Yes	1
No	2

IF RESPONDENT ANSWERS YES, ASK:

4. Please tell me briefly what the emergency system does.

FOLLOWING ARE LISTED THE FIVE BASIC ELEMENTS OF AN EMERGENCY MEDICAL SYSTEM. CIRCLE THE NUMERAL OF THE ITEMS MENTIONED BY THE RESPONDENT. DO NOT PROMPT BY SUGGESTING ITEMS.

Transportation	1
Telecommunications	2
Trained Nurses & Physicians at Hospital	3
Trained Emergency Medical Technicians	4
Emergency Room at Hospital	5

THEN SAY:
Can you think of anything else?

5. Who provides emergency medical service to your community?

Any rescue squad	1
Any hospital	2
Other	3
Don't know	4

6. What is the name of the hospital with an emergency room closest to your home? _____

Don't know	3

82

7 How far is it from your home? LIST DISTANCE IN MILES

Less than 5 miles	1
5-10 miles	2
10 or more miles	3
Don't know	4

8 Who would you call in case of a medical emergency?

Rescue squad	1
Private physician	2
Police department	3
Hospital	4
Family or friends	5
Don't know or other	6

9 What is the telephone number you would call to get trained Emergency Medical Service? _____

Don't know 3

10 Do you keep the telephone number for Emergency Medical Service in a prominent place on or near your telephone?

Yes	1
No	2

IF YES, ASK:

Where is the number kept?

_____

Please tell me what the number is.

_____

IF PHONE NUMBER GIVEN IN 9 WAS INCORRECT OR IF 10 WAS ANSWERED NO, THEN ASK:

11 Would you please look in your telephone directory and find the number to call for emergency medical service and tell me what it is.

_____

Can't find 3

12 Does everyone in your home, including any children over age 6, know how to call for emergency medical service?

Yes	1
No	2
Don't know	3

13 How long do you think it would take an emergency medical team to get to your home if you called them?

_____

14 Have you and your family discussed what to do in case of a medical emergency?

Yes	1
No	2

15 Under what conditions would you take someone to the hospital emergency room yourself?

CIRCLE THE NUMERAL OF THE ITEMS WHICH THE RESPONDENT NAMES. BUT DO NOT PROMPT BY SUGGESTING THESE ITEMS.

When injury not severe, patient able to get into car	1
If injury too serious to wait	2
If can't get to phone or if phone is busy	3
Other or don't know	4

16. If you were to call for emergency medical service, what information do you think you should give to whomever answered the telephone?

CIRCLE THE NUMERAL OF THE ITEMS WHICH THE RESPONDENT NAMES, BUT DO NOT PROMPT BY SUGGESTING ITEMS.

Name of person calling	1
Telephone number you are at	2
Nature of emergency	3
Site of emergency	4
Directions to the site	5
Number of injured and condition	6
Any special circumstances that might constitute danger to the service provider or delay in response time	7
Don't know	8

17. If I were coming from _____, (FILL IN WITH LOCATION OF PROVIDER'S BASE) please tell me how to get to your home.

DETERMINE IF DIRECTIONS ARE:

Clear	1
Unclear	2

18. Is there a charge for emergency medical service in your community?

Yes	1
No	2
Don't know	3

19. What do you think an emergency medical situation is?

_____

_____

_____

20. Suppose someone you did not know came to your home and told you that an ambulance was needed. What would you do?

CIRCLE THE NUMERAL OF THE ITEM MENTION BY THE RESPONDENT. DO NOT PROMPT BY SUGGESTING ITEMS.

Call for them	1
Let them into house to call	2
Depends on appearance and other things (day or night, alone or with someone)	3
Other	4

21. What do you see as the greatest emergency medical need in your community?

CIRCLE THE NUMERAL OF THE ITEMS MENTIONED BY THE RESPONDENT. DO NOT PROMPT BY SUGGESTING ITEMS.

More emergency equipment and money, i.e., ambulances, rescue vehicles	1
Closer hospitals & more doctors	2
More and/or better trained emergency personnel	3
Better publicity & education	4
Already adequate	5

THANK THE RESPONDENT.

Thank you for your time and help in answering these questions.

REGION J
PUBLIC EDUCATION PROJECT
EMERGENCY MEDICAL SERVICES

SURVEY

The purpose of the survey is to assess the public education needs in Region J relative to the public's knowledge of emergency medical services. Specifically, the objective is to learn to what extent the public has accurate knowledge of the following:

1. What emergency medical service is.
2. What services are available.
3. How to gain access to the emergency medical system.
4. The conditions for emergency medical service, i.e. whether or not recipients of the service must pay for it or be a member of a particular organization.

The survey will provide the data base for the development of the public education program and for its evaluation after completion.

INSTRUCTIONS

In the questionnaire, notes or instructions to interviewers appear in CAPITAL LETTERS. The questions themselves, which interviewers should quote verbatim, appear in regular type–Upper and Lower Case Letters. The coded items or answers appear in *Italics*. Interviewers should circle the coded number or fill in the blanks, but should never read the italicized items to the interviewees.

PUBLIC EDUCATION PROJECT
EMERGENCY MEDICAL SERVICES
UNIVERSITY EXTENSION DIVISION ANNEX
BUILDING 3, CHYDARU, OLD MASON FARM RD.
CHAPEL HILL, NORTH CAROLINA 27514 PHONE: (919) 933-2360

REGION J SURVEY
INSTRUCTIONS TO INTERVIEWERS

We wish, first of all, to thank you for agreeing to administer our questionnaires. In this way, you are helping us to improve the Emergency Medical Services not only in Region J, but in the entire state of North Carolina.

It is very important, in keeping within our one-year time frame for the project, that these interviews be returned to us promptly. But it is also important that they be done correctly. So please give us just a few more minutes of your time now and read the following instructions:

1. Follow the attached small slip of directions to find your starting point. However, if this exact point is undergoing urban renewal or for some other reason no longer exists, stay in the general vicinity, but find another starting point and record it for our information.

2. If no one is home or if the respondent refuses to participate in the survey, or even if he begins it but refuses to continue to finish, go to another house. Please go to as many houses as is necessary in order to obtain completed questionnaires. It is important that we get back the exact number of interviews noted per starting point.

Try to obtain your responses from an equal number of males and females. For example, if a male answers your questions at one house and if at the next house you have a choice of speaking to a male or a female, choose the female. DO NOT TALK TO BOTH SIMULTANEOUSLY.

3. Please use a pencil to circle the number that corresponds to the way in which the person responds. Do not let the person read and mark the answers on the form himself and DO NOT PROMPT HIM IN ANY WAY.

4. If you are connected with a rescue squad or an organization that would have a uniform or ensignia, please wear it. This will help give the home residents confidence in the validity of our survey.

5. Lastly, if you have any questions, please call our office COLLECT and we will be glad to answer them.

Again, thank you for aiding us in this project.

APPENDIX B
FINAL SURVEY INSTRUMENT
and
INTERVIEWER INSTRUCTIONS

REGION J
PUBLIC EDUCATION PROJECT
EMERGENCY MEDICAL SERVICES

SECOND SURVEY

PART I

INTRODUCE YOURSELF

Good evening, my name is _____. I am working as a volunteer with the Region J Emergency Medical Service Council. We are conducting a survey to discover how much is known about emergency medical services in this area.

The results will help the council to evaluate its Public Ed. Project and for this reason, I would appreciate your help in answering a few questions about emergency medical services.

PART II

OBTAIN BACKGROUND INFORMATION

FOR THE FOLLOWING 4 ITEMS, MARK ITEM FROM YOUR OBSERVATION. DO NOT ASK.

A.	Race	*White*	1
		Black	2
		Other	3
B.	Sex	*Male*	1
		Female	2
C.	County	*Chatham*	1
		Durham	2
		Johnston	3
		Lee	4
		Orange	5
		Wake	6
D.	Area	*City*	1
		Rural farm	2
		Rural non-farm	3

E. What is your occupation? (LIST HERE) _____

F. In which age bracket are you? STATE THESE AGE BRACKETS

Under 35	1
35 thru 50	2
Over 50	3

G. What is the highest level of schooling you have completed?

Elementary	1
Some high school	2
High school graduate	3
Some higher education	4
College graduate	5

PART III: QUESTIONS ABOUT EMERGENCY MEDICAL SERVICES.

1. Is there a telephone in your home?

Yes	1
No	2

2. In the last six months, have you heard or seen any information about Emergency Medical Services?

Yes	1
No	2

3. If Yes, ask:
Where did you see or hear this?

Television	1
Radio	2
Newspaper	3
Group Presentation	4
Brochures	5
Posters	6
Slide Tape	7
Bus Cards	8
From my children	9

4. Have you ever heard about the emergency medical system for your county?

Yes	1
No	2

IF RESPONDENT ANSWERS YES, ASK:

5. Please tell me briefly what the emergency system does.

FOLLOWING ARE LISTED THE FIVE BASIC ELEMENTS OF AN EMERGENCY MEDICAL SYSTEM. CIRCLE THE NUMERAL OF THE ITEMS MENTIONED BY THE RESPONDENT. DO NOT PROMPT BY SUGGESTING ITEMS.

Transportation	1
Telecommunications	2
Trained Nurses & Physicians at Hospital	3 3
Trained Emergency Medical Technicians	4
Emergency Room at Hospital	5

THEN SAY:
Can you think of anything else?

6. Who would you call in case of a medical emergency?

Rescue squad	1
Private physician	2
Police department	3
Hospital	4
Family or friends	5
EMS System	6
Don't know or other	7

7. What is the telephone number you would call to get trained Emergency Medical Service? _____

Don't know	3

8. Do you keep the telephone number for Emergency Medical Service in a prominent place on or near your telephone?

Yes	1
No	2

IF YES, ASK:

How did you get this number?

Please tell me what the number is. _____

9. Does everyone in your home, including any chilren over age 6, know how to call for emergency medical service?

Yes	1
No	2
Don't know	3

10. Have you and your family discussed what to do in case of a medical emergency?

Yes	1
No	2

11. If you were to call for emergency medical service, what information do you think you should give to whomever answered the telephone?

CIRCLE THE NUMERAL OF THE ITEMS WHICH THE RESPONDENT NAMES. BUT DO NOT PROMPT BY SUGGESTING ITEMS.

Name of person calling	1
Telephone number you are at	2
Nature of emergency	3
Site of emergency	4
Directions to the site	5
Number of injured and condition	6
Any special circumstances that might constitute danger to the service provider or delay in response time	7
Don't know	8

12. If I were coming from _____, (FILL IN WITH LOCATION OF PROVIDER'S BASE) please tell me how to get to your home.

DETERMINE IF DIRECTIONS ARE:

Clear	1
Unclear	2

13. Is there a charge for emergency medical service in your community?

Yes	
No	2
Don't know	3

14. What do you think an emergency medical situation is?

_____

_____

_____

15. What do you see as the greatest emergency medical need in your community?

CIRCLE THE NUMERAL OF THE ITEMS MENTIONED BY THE RESPONDENT. DO NOT PROMPT BY SUGGESTING ITEMS.

More emergency equipment and money, i.e., ambulances, rescue vehicles	1
Closer hospitals & more doctors	2
More and/or better trained emergency personnel	3
Better publicity & education	4
Already adequate	5

16. (Interviewer should hold up the three brochures)

Have you seen any of these brochures before now.

	Yes	No
E.M.T.'s Could Save your life	1	2
Your best help in a Medical Emergency	1	2
Preparedness Card	1	2

THANK THE RESPONDENT.

Thank you for your time and help in answering these questions.

PUBLIC EDUCATION PROJECT
Emergency Medical Services
Chpt.ou Old Mason Farm Road
Chapel Hill North Carolina 27514

(919) 933-2360

INTERVIEWER INSTRUCTIONS

First of all, thank you for helping with this survey. In this way, you are helping us to evaluate the worth of our public education effort and to improve such efforts not only in Region J, but in the entire state of North Carolina.

It is very important, in keeping within our one-year time frame for the project, that these interviews be returned to us promptly and to have them completed by the deadline. But it is also important that they be done correctly, so please take a few minutes of your time now and read the following instructions.

1. In the questionnaire, notes or instructions to interviewers appear in CAPITAL LETTERS. The questions themselves, which interviewers should quote word for word, appear in regular type- UPPER and lower case letters. The coded items or answers appear in Italics. Interviewers should circle the coded number or fill in the blanks, but should never read the italicized items to the interviewees.

2. Follow the attached small slip of directions to find your starting point. However, if this exact point is undergoing urban renewal or for some other reason no longer exists, stay in the general vicinity, but find another starting point and record it for our information.

3. If no one is home or if the respondent refuses to participate in the survey, or even if he begins it but for some reason refuses to continue to finish, go on to another house. Please go to as many houses as is necessary in order to obtain completed questionnaires. It is important that we get back the exact number of interviews noted per starting point.

Try to obtain your responses from an equal number of males and females. For example, if a male answers your questions at one house and at the next house you have a choice of speaking to a male or a female, chose the female. DO NOT TALK TO BOTH SIMULTANEOUSLY.

4. Please use a pencil to circle the number that corresponds to the way in which the person responds. Do not let the person read and mark the answers on the form himself and DO NOT PROMPT HIM IN ANY WAY BY READING THE CODED ANSWERS.

5. If you are connected with a rescue squad or an organization that has a uniform or ensignia, please wear it. This will help give the residents confidence in the validity of our survey.

6. For the last question, make sure that you have copies of all three brochures so that you can show them to the respondent for his/her identification.

7. Lastly, if you have any questions, please call our office COLLECT and we will be glad to answer them.

Thank you again for aiding us in this survey.

REGION J
PUBLIC EDUCATION PROJECT
EMERGENCY MEDICAL SERVICES
SURVEY

The purpose of the survey is to assess the public education needs in Region J relative to the public's knowledge of emergency medical services. Specifically, the objective is to learn to what extent the public has accurate knowledge of the following:

1. What emergency medical service is.
2. What services are available.
3. How to gain access to the emergency medical system.
4. The conditions for emergency medical service, i.e. whether or not recipients of the service must pay for it or be a member of a particular organization.

The survey will provide the data base for the development of the public education program and for its evaluation after completion.

INSTRUCTIONS

In the questionnaire, notes or instructions to interviewers appear in CAPITAL LETTERS. The questions themselves, which interviewers should quote verbatim, appear in regular type–Upper and Lower Case Letters. The coded items or answers appear in *Italics*. Interviewers should circle the coded number or fill in the blanks, but should never read the italicized items to the interviewees.

APPENDIX C
PART 1 COMPUTER PROGRAM FOR CENSUS RECORDS
PART 2 COMPUTER PROGRAM FOR NUMBER OF INTERVIEWS

LISTING OF DUALABS DATA DESCRIPTOR FILE
XXXXXXXXXXX FIRST COUNT MEDLIST BY HUGH HUFF

TABLE NUMBER	DATA DESCRIPTOR NUMBER	DESCRIPTION	BEGINNING POSITION	FIELD LENGTH
G01	G01001	RECORD TYPE CODE.....	1	1
		* IDENTIFIES RECORD BY * * TYPE OF GEOGRAPHIC * * AREA TO WHICH THE * * RECORD APPLIES: * * 0=STATE * * 1=COUNTY * * 2=MCD OR CCD * * 3=PLACE * * 7=BG * * 8=ED *		
G02	G02001	1970 STATE CODE.....	2	2
		* ASSIGNED TO STATES * * ALPHABETICALLY. SEE * * FIPS PUB 5-1 OR 6-1 * * FOR STATE LISTING. *		
G03	G03001	1970 COUNTY OF TABULATION CODE.....	4	3
		* ASSIGNED TO COUNTIES * * ALPHABETICALLY * * WITHIN STATE. SEE * * FIPS PUB 6-1 FOR * * INDIVIDUAL STATE * * LISTINGS. *		
G04	G04001	CENTRAL COUNTY CODE.....	7	1
		* IDENTIFIES COUNTIES * * CONTAINING CENTRAL * * CITIES OF SMSA'S: * * 0=YES * * 1=NO *		
G05	G05001	MINOR CIVIL DIVISION OR CENSUS COUNTY DIVISION CODE.....	8	3
		* IDENTIFIES TOWNSHIP * * OR EQUIVALENT AREA. * * CODES ASSIGNED * * ALPHABETICALLY * * WITHIN COUNTY. *		

LISTING OF DUALABS DATA DESCRIPTOR FILE
XXXXXXXXXXX FIRST COUNT MEDLIST BY HUGH HUFF

TABLE NUMBER	DATA DESCRIPTOR NUMBER	DESCRIPTION	BEGINNING POSITION	FIELD LENGTH
G06	G06001	PLACE CODE.....	11	4
		* ASSIGNED TO "PLACES" * (CENSUS DEFINITION) * ALPHABETICALLY * WITHIN STATE. *		
G07	G07001	PLACE DESCRIPTION CODE...	15	1
		* IDENTIFIES PLACE * BY TYPE: * 1=CENTRAL CITY OF * SMSA ONLY * 2=CENTRAL CITY OF * URBANIZED AREA ONLY * 3=CENTRAL CITY OF * BOTH SMSA AND UA * 4=OTHER INCORPORATED * PLACE * 5=UNINCORPORATED * PLACE * 7=NOT A PLACE *		
G08	G08001	SIZE OF PLACE CODE.....	16	2
		* IDENTIFIES PLACE * BY POPULATION SIZE: * 00=UNDER 200 * 01=200-499 * 02=500-999 * 03=1,000-1,499 * 04=1,500-1,999 * 05=2,000-2,499 * 06=2,500-4,999 * 07=5,000-9,999 * 08=10,000-19,999 * 09=20,000-24,999 * 10=25,000-49,999 * 11=50,000-99,999 * 12=100,000-249,999 * 13=250,000-499,999 * 14=500,000-999,999 * 15=1,000,000 OR MORE *		

LISTING OF DUALABS DATA DESCRIPTOR FILE
XXXXXXXXXXX FIRST COUNT MEDLIST BY HUGH HUFF

TABLE NUMBER	DATA DESCRIPTOR NUMBER	DESCRIPTION	BEGINNING POSITION	FIELD LENGTH
G09	G09001	STANDARD CONSOLIDATED AREA CODE.....	18	1
		* ALPHABETIC CODE FOR * * LARGE METROPOLITAN * * COMPLEXES (NEWLY * * DEFINED IN 1970): * * A=NEW YORK/NORTH- * * EASTERN NEW * * JERSEY * * B=CHICAGO/NORTH- * * WESTERN INDIANA *		
G10	G10001	STANDARD METROPOLITAN STATISTICAL AREA CODE..	19	4
		* ASSIGNED TO SMSA'S * * ALPHABETICALLY * * WITHIN THE U.S. * * SEE FIPS PUB 8 FOR * * INDIVIDUAL LISTING. *		
G11	G11001	URBANIZED AREA CODE.....	23	4
		* UNIQUELY IDENTIFIES * * EACH URBANIZED AREA * * WITHIN THE U.S. * * (FOR UA IN SMSA, * * USUALLY CODED SAME * * AS SMSA). APPEARS * * ONLY ON BG & ED * * RECORDS. *		
G12	G12001	TRACTED AREA CODE.....	27	4
		* UNIQUELY IDENTIFIES * * TRACTED AREAS * * WITHIN THE U.S. * * (FOR TA IN SMSA, * * USUALLY CODED SAME * * AS SMSA). *		

LISTING OF DUALABS DATA DESCRIPTOR FILE
XXXXXXXXXXX FIRST COUNT MEDLIST BY HUGH HUFF

TABLE NUMBER	DATA DESCRIPTOR NUMBER	DESCRIPTION	BEGINNING POSITION	FIELD LENGTH
G13	G13001	UNIVERSAL AREA PREFIX CODE.....	31	1
		* IDENTIFIES LEVEL OF UNIVERSAL AREA: 1=COUNTY 2=NEW ENGLAND TOWN 3=CITY 4=CENTRAL BUSINESS DISTRICT *		
G14	G14001	UNIVERSAL AREA CODE.....	32	5
		* ASSIGNED WITHIN THE U.S. TO ALL CENTRAL CITIES OF SMSA'S, SELECTED TOWNS, AND ALL COUNTIES AND CENTRAL BUSINESS DISTRICTS REQUIRING SEPARATE IDENTIFICATION FOR MOBILITY AND PLACE OF WORK TABULATIONS. *		
G15	G15001	STATE ECONOMIC AREA CODE.	37	2
		* A TWO-DIGIT NUMERIC CODE OR ONE-DIGIT ALPHABETIC CODE (RIGHT-JUSTIFIED) ASSIGNED WITHIN STATES TO SINGLE COUNTIES OR GROUPS OF COUNTIES WITH RELATIVELY HOMOGENEOUS ECONOMIC AND SOCIAL CHARACTERISTICS. *		
G16	G16001	ECONOMIC SUB-REGION CODE.	39	3
		* ASSIGNED WITHIN THE U.S. TO HOMOGENEOUS GROUPINGS OF STATE ECONOMIC AREAS. ESR'S FREQUENTLY CROSS STATE LINES. *		

LISTING OF DUALABS DATA DESCRIPTOR FILE
XXXXXXXXXXX FIRST COUNT MEDLIST BY HUGH HUFF

TABLE NUMBER	DATA DESCRIPTOR NUMBER	DESCRIPTION	BEGINNING POSITION	FIELD LENGTH
G17	G17001	CENTRAL BUSINESS DISTRICT CODE.....	42	1
		* IDENTIFIES TRACTS * * (BY ED'S AND BG'S) * * WITHIN CENTRAL * * BUSINESS DISTRICTS * * OF CITIES OF 100,000 * * OR MORE: * * 0=YES * * 1=NO *		
G18	G18001	AREA NAME.....	43	30
G19	G19001	TRACT CODE - BASIC.....	73	4
		* ASSIGNED TO TRACTS * * WITHIN COUNTIES. * * (DEFINED BY LOCAL * * COMMITTEE). *		
G20	G20001	TRACT CODE - SUFFIX.....	77	2
		* APPLICABLE FOR * * IDENTIFICATION OF * * TWO OR MORE TRACTS * * SPLIT FROM A FORMER * * (1960) TRACT. * * TRACT SUFFIX NUMBERS * * CORRESPOND TO TRACT * * 'DECIMAL PLACES' ON * * CENSUS MAPS. *		
G21	G21001	BLOCK GROUP CODE.....	79	1
		* ASSIGNED TO CONTIG- * * UOUS BLOCKS (WITHIN * * TRACTS) HAVING A * * COMBINED AVERAGE * * POPULATION OF ABOUT * * 1,000 (NEWLY DEFINED * * 1970). EACH BG IS * * IDENTIFIED BY THE * * FIRST DIGIT OF THE * * THREE-DIGIT BLOCK *		

TABLE NUMBER	DATA DESCRIPTOR NUMBER	DESCRIPTION	BEGINNING POSITION	FIELD LENGTH
		* NUMBER ON THE CENSUS * * METROPOLITAN MAPS. * * APPLICABLE ONLY FOR * * CENSUS-BY-MAIL AREAS.*		
	G21002	SPLIT BLOCK GROUP.....	80	1
		* AN ASTERISK IN THIS * * FIELD INDICATES A * * BLOCK GROUP (WITHIN * * A TRACT) HAS BEEN * * SPLIT (BY POLITICAL * * OR ADMINISTRATIVE * * BOUNDARIES) INTO TWO * * OR MORE PARTS. EACH * * PART WILL BE TAB- * * ULATED SEPARATELY. *		
G22		ENUMERATION DISTRICT		
	G22001	CODE - BASIC.....	80	4
		* ASSIGNED TO ED'S * * WITHIN COUNTY. *		
G23		ENUMERATION DISTRICT		
	G23001	CODE - SUFFIX.....	84	1
		* AN ALPHABETIC CODE * * IN THIS FIELD IN- * * DICATES AN ED HAS * * BEEN SPLIT (FROM AN * * UNSUFFIXED ED OF THE * * SAME NUMBER). EACH * * PART WILL BE TAB- * * ULATED SEPARATELY. *		
G24	G24001	URBAN - RURAL CODE.....	85	1
		* IDENTIFIES ED'S AND * * BG'S ACCORDING TO * * CLASSIFICATION: * * 0=URBAN * * 1=RURAL * * 2=MIXED * * (SEE 1970 "URBAN" * * DEFINITION). *		

LISTING OF DUALABS DATA DESCRIPTOR FILE
XXXXXXXXXX FIRST COUNT MEDLIST BY HUGH HUFF

TABLE NUMBER	DATA DESCRIPTOR NUMBER	DESCRIPTION	BEGINNING POSITION	FIELD LENGTH
G25	G25001	WARD CODE.....	86	2
		* ASSIGNED TO WARDS * * WITHIN CITIES (WHICH * * CONTAIN WARDS) OF * * 3,000 OR MORE * * POPULATION. * * APPEARS ONLY ON ED * * RECORDS. *		
G26	G26001	CONGRESSIONAL DISTRICT CODE.....	88	2
		* IDENTIFIES CONGRESS- * * IONAL DISTRICTS AS * * DESIGNATED BY STATE * * LEGISLATURES AND MAY * * CHANGE AFTER EACH * * CENSUS. *		
G27	G27001	100% HOUSING COUNT.....	90	7
G28	G28001	100% POPULATION COUNT....	97	8
G29	G29001	LONGITUDE DEGREES.....	105	3
		* DEGREES OF LONGITUDE * * OF THE POPULATION * * MIDPOINT FOR THE * * ASSOCIATED ED OR BG. *		
G30	G30001	DECIMAL POINT.....	108	1
G31	G31001	LONGITUDE DECIMAL DIGITS.	109	4
		* DECIMAL EQUIVALENTS * * OF MINUTES AND * * SECONDS OF LONGITUDE.*		

LISTING OF DUALABS DATA DESCRIPTOR FILE
XXXXXXXXXX FIRST COUNT MEDLIST BY HUGH HUFF

TABLE NUMBER	DATA DESCRIPTOR NUMBER	DESCRIPTION	BEGINNING POSITION	FIELD LENGTH
G32	G32001	LATITUDE DEGREES.....	113	2
		* DEGREES OF LATITUDE * * OF THE POPULATION * * MIDPOINT FOR THE * * ASSOCIATED ED OR BG. *		
G33	G33001	DECIMAL POINT.....	115	1
G34	G34001	LATITUDE DECIMAL DIGITS..	116	4
		* DECIMAL EQUIVALENTS * * OF MINUTES AND * * SECONDS OF LATITUDE. *		
G35	G35001	TRACT CODE - COMPLETE....	73	6
G36	G36001	ENUMERATION DISTRICT CODE - COMPLETE.....	80	5
G37	G37001	AREA NAME - FIRST 16 CHARACTERS.....	43	16
		* NAMES ARE LEFT- * * JUSTIFIED IN NAME * * FIELD. *		
G38	G38001	AREA NAME - LAST 14 CHARACTERS.....	59	14
		* CONTINUATION OF * * NAME FIELD (G37001): * * LEFT-JUSTIFIED. *		

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STATISTICAL PACKAGE FOR THE SOCIAL SCIENCES SPSSH - VERSION 5.01                    09/07/75

                RUN NAME        SAMPLING PROCEDURE FOR PUBLIC EDUCATION PROJECT
                DATA LIST       CARD RAPLHS 1 STATE 2-3 COUNTY 4-6 TRACT 27-30
                                N1 43-46 (A) N2 47-48 (A) N3 51-54 (A) N4 55-58 (A)
                                N5 59-60 (A) N6 63-66 (A) N7 67-70 (A) N8 71-72 (A) BG 79
                                ED 81-83 (A) HOUSE 90-96 POP 98-104  LONG 106-112
                                LAT 113-119

THE DATA LIST PROVIDES FOR  18 VARIABLES AND  1 RECORDS ('CARDS') PER CASE. A MAXIMUM OF  119 COLUMNS

                INPUT MEDIUM    DISK
                # OF CASES      ESTIMATED 20000
                SELECT IF       ((RAPLHS EQ 7                    )AND(COUNTY EQ 37 OR COUNTY EQ 63 OR
                                COUNTY EQ 101 OR COUNTY EQ 105 OR COUNTY EQ 135 OR
                                COUNTY EQ 183))
                IF              (BG GT 0) SAMP=400
                IF              (ED GT 0) SAMP=800
                COMPUTE         INTV=(POP/540589)*SAMP
                PRINT FORMATS    N1 TO N8      (A)/INTV (7)
                LIST CASES      CASES=42/
                BREAKDOWN       POP HOUSE INTV BY COUNTY
                READ INPUT DATA
```

APPENDIX D
ADDRESSES FOR SURVEY RESOURCES

List of Addresses for help with Surveys, Maps, and Computers

Institute for Research in Social Sciences (IRSS)
Manning Hall (026A)
University of North Carolina at Chapel Hill
Chapel Hill, NC 27514

For obtain large county Maps write to:

Head of Location and Surveys
ATTN: Map Section
N. C. Department of Transportation
Raleigh, N.C. 27611

For census maps of large metropolitan areas
HC (3) Block Statistics Reports write to:

U.S. Department of Commerce
324 W. Market Street
Greensboro, N.C. 27402

For additional computer help contact:

UNC Computation Center
37 Phillips Hall 039A
Chapel Hill, N.C. 27514

North Carolina Educational Computing Service
P. O. Box 12035
Research Triangle Park, N.C. 27709

Triangle Universities Computation Center
P. O. Box 12076
Research Triangle Park, N.C. 27709

APPENDIX E
SAMPLE SPSS PROGRAM FOR DATA ANALYSIS

```
//PEP1 JOB UNC.EX.F239G,HUFF,T=2,P=500,FORMS=1411                    UNC
// EXEC SFSS
//DATAIN DD *
//SYSIN DD *
IEF142I - STEP WAS EXECUTED - COND CODE 0000
G        CORE=200K TIME---0:27.3     UR--2527  RD/WR---0:00.0     RC-----0
G        USED=176K  CPU---0:08.2  DISK---496  REWND---0:00.0
                    I/O---0:19.1  TAPE-----0  FL SR---0:00.0
PEP1     TIME---0:27.3
```

```
STATISTICAL PACKAGE FOR THE SOCIAL SCIENCES SPSSH - VERSION 6.00

          SPACE ALLOCATION FOR THIS RUN..

              TOTAL AMOUNT REQUESTED                          40000 BYTES

              DEFAULT TRANSPACE ALLOCATION                     5000 BYTES

                 MAX NO OF TRANSFORMATIONS PERMITTED      50
                 MAX NO OF RECODE VALUES                  200
                 MAX NO OF ARITHM.OR LOG.OPERATIONS       400

              RESULTING WORKSPACE ALLOCATION                  35000 BYTES

                    RUN NAME        PUBLIC EDUCATION PROJECT INITIAL SURVEY RESULT
                    DATA LIST       FIXED /1 COUNTY 1-3 NUM 4-6 RACE SEX AREA OCC
                                    AGE ED TEL 8-14 FAR 15-16 HURD 17 INFO1 TO INF
                                    18-22 WHO 23 WHAT 24-25 FOR WHC 26-27
                                   TEL1 28-34 TEL2A TEL2B 35-36 TEL2C 37-43
                                   TEL3 44-50 CAL  51 LONG 52-53 FAM CON 54-55
                                   CALL1 TO CALL8 56-63 DIR COST 64-65 IS 66-67
                                   STRANG 68 NEED1 TO NEED5 69-73

THE DATA LIST PROVIDES FOR  46 VARIABLES AND  1 RECORDS ('CARDS') PER CASE. A MAXI

DUMP OF THE CONSTRUCTED FORMAT STATEMENT..
         (2F3.0,1X,7F1.0,F2.0,7F1.0,F2.0,2F1.0,F7.0,2F1.0,2F7.0,F1.0,F2.0,12F1.0,F

                    INPUT MEDIUM    TAPE
                    N OF CASES      UNKNOWN
                    RECODE          COUNTY (37=1) (63=2) (101=3) (105=4) (135=5) (183=6)
                    RECODE          RACE SEX AREA AGE ED WHO FAR FOR HURD CALL1 CAL
                                    WHC CON DIR COST STRANG (9=0) (10=0)
                    RECODE          CON AGE (5=0)
                    RECODE          FAR (3=0)
                    RECODE          WHAT (30=3) (34=0)
                    RECODE          FOR (6=0)
                    MISSING VALUES  RACE SEX AREA AGE ED TEL CAL HURD FAR FOR WHC F
                                    LONG CON DIR COST STRANG (0)
                    COMPUTE         WT = 1.0
                    IF              (COUNTY EQ 5) WT= 0.5
                    WEIGHT          WT
                    VAR LABELS       OCC,OCCUPATION OF RESPONDENT/
                                     ED,HIGHEST  LEVEL OF SCHOOLING COMPLETED/
                                     TEL,IS THERE A TELEPHONE IN YOUR HOME?/
                                     FAR,HOW FAR TO NEAREST PHONE?/
                                      HURD,HAVE YOU HEARD ABOUT THE EMS SYSTEM?/
                                      INFO1,TRANSPORTATION/
                                      INFO2,TELECOMMUNICATIONS/
                                     INFO3,TRAINED NURSES AND PHYSICIANS AT HOSP/
                                     INFO4,TRAINED EMERGENCY MEDICAL TECHNICIANS/
                                     INFO5,HOSPITAL EMERGENCY ROOM/
                                     WHO,WHO PROVIDES EMS TO YOUR COMMUNITY/
                                     WHAT,WHAT IS HOSPITAL WITH EMERGENCY ROOMNEAR/
                                     FOR,HOW FAR IS THIS HOSPITAL FROM YOU?/
```

```
                    WHO,WHO WOULD YOU CALL FOR MEDICAL EMERGENCY?
                    TEL1,WHAT IS PHONE NUM FOR EMS?/
                    TEL2A,DO YOU KEEP IT IN PROMINENT PLACE?/
                    TEL2B,WHERE IS NUMBER KEPT?/
                    TEL2C,WHAT IS THE NUMBER?/
                    TEL3,WHAT IS NUMBER IN THE DIRECTORY?/
                    CAL, DOES EVERYONE IN YOUR HOME KNOW HOW?/
                    LONG,HOW LONG FOR EMS TO COME TO YOUR HOME?/
                    FAM,HAS YOUR FAMILY DISCUSSED EMERGENCIES?/
                    CON,WHEN WOULD YOU TAKE SOMEONE TO HOSPITAL?/
                    CALL1,NAME OF PERSON CALLING/
                    CALL2,TELEPHONE NUMBER YOU ARE AT/
                    CALL3,NATURE OF EMERGENCY/
                    CALL4,SITE OF EMERGENCY/
                    CALL5,DIRECTIONS TO THE SITE/
                    CALL6,NUMBER OF INJURED AND CONDITION/
                    CALL7,ANY SPECIAL CIRCUMSTANCES/
                    CALL8,DON'T KNOW/
                    DIR,CAN YOU GIVE CLEAR DIRECTIONS TO HOUSE?/
                    COST, IS THERE A CHARGE FOR EMS?/
                     IS,WHAT IS AN EMS SITUATION?/
                     STRANG, IF A STRANGER ASKED TO USE PHONE?/
                    NEED1,MORE EMERGENCY EQUIPMENT AN MONEY/
                    NEED2,CLOSER HOSPITALS & MORE DOCTORS/
                     NEED3,MORE * BETTER TRAINED EMTS/
                    NEED4,BETTER PUBLICITY & EDUCATION/
                    NEED5,ALREADY ADEQUATE/
VALUE LABELS          RACE (1) WHITE (2) BLACK (3) OTHER/
                      SEX (1) MALE (2) FEMALE/
                      COUNTY (1) CHATHAM (2) DURHAM (3) JOHNSTON
                        (4) LEE (5) ORANGE (6) WAKE/
                      AREA (1) CITY (2) RURAL-FARM (3) RURAL NON-
                      OCC (0) MILITARY (1) MANUAL WORKER
                       (2) CLERICAL WORKER (3) WHITE COLLAR PROFES
                       (4) HOUSEWIFE (5) UNNEMPLOYED (6) RETIRED
                        (7) SELF-EMPLOYED FARMER
                          (8) OTHER (9) BLANK/
                     AGE (1) UNDER 35 (2) 35 THRU 50
                      (3) OVER 50/
                       ED (1) ELEMETARY (2) SOME HIGH SCHOOL
                        (3) HIGH SCHOOL GRADUATE
                          (4) SOME HIGHER EDUCATION (5) COLLEGE GRA
                     TEL HURD TEL2A CAL FAM COST (1) YES
                        (2) NO (3) DON'T KNOW/
                     INFO1 TO INFO5 CALL1 TO CALL8 NEED1 TO NEED5
                     (1) MENTIONED THIS ITEM (0) DID NOT MENTION/
                      WHO (1) ANY RESCUE SQUAD (2) ANY HOSPITAL
                       (3) OTHER  (4) DON'T KNOW/
                       WHAT (0) MISSING (3) DON'T KNOW
                        (4) LEE COUNTY HOSPITAL (5) NCMH
                        (6) WATTS HOSPITAL (7) DUKE HOSPITAL
                       (8) CHATHAM HOSPITAL INC. (9) COMPREHENSIV
                        HEALTH CENTER (10) LINCOLN HOSPITAL
                            (11) REX HOSPITAL (12) WAKE MEMORIAL
```

```
                                        (13) MARY ELIZABETH HOSPITAL
                                      (14) FUQUAY VARINA HOSPITAL
                                       (15) SOUTHERN WAKE HOSPITAL
                                         (16) APEX HOSPITAL
                                        (17) EASTERN WAKE HOSPITAL
                                        (18) WAKE MEDICAL CENTER
                                          (19)ZEBULON-WENDELL (20) WAKE FOREST
                                        (21) SMITHFIELD (22)JOHNSTON MEMORIAL
                                       (23)WILSON HOSPITAL (24) VA DURHAM
                                         (25) WAYNE HOSPITAL/
                                    FOR (1) LESS THAN 5 MILES (2) 5-10 MILES
                                      (3) 10 OR MORE MILES (4) DON'T KNOW/
                                     WHO (1) RESCUE SQUAD (2) PRIVATE PHYSICI
                                    (3) POLICE DEPARTMENT (4) HOSPITAL
                                     (5) FAMILY OF FRIENDS (6) DON'T KNOW OR OT
                                    TEL1 TEL3 (3) DON'T KNOW OR CAN'T FIND/
                                        TEL2B (1) ON PAD (2) BY THE PHONE TABL
                                      (3) IN PHONE BOOK (4) PHONE STICKER
                                     (5) ON CALENDAR (6) ON WALL (7) IN MEMORY
                                      (8) OTHER (9) WALLET OR PURSE/
                                     CON (1) WHEN INJURY NOT SEVERE
                                          (2) IF INJURY TOO SERIOUS TO WAIT
                                        (3) IF CAN'T GET TO PHONE
                                      (4) OTHER OR DON'T KNOW/
                                    DIF (1) CLEAR (2) UNCLEAR/ IS
                                    (1) HOME OR AUTO ACCIDENT (C) BLANK OR DON'
                                    (2) SERIOUS SICKNESS OF ILLNESS
                                    (3) HEART RELATED (4) CANCER
                                     (5) BROKEN BONES AND BLEEDING
                                     (6) UNCONSIOUS (7) HURT BAD.IN PAIN
                                     (8) IN NEED OF HELP.CAN'T HANDLE
                                    (9) FIRE (10) BURNS (11)) LIFE THREATENING SI
                                    (12) TRAUMATIC OR SEVERE INJURY
                                    (13) MISUNDERSTOOD QUESTION
                                     (14) BLANKET ANSWER (15) HAVING A BABY
                                     (16) ONE REQ IMMEDIATE ATTEN.
                                     (17) POISON (18) DROWNING
                                     (19) GUN SHOT (20) UNABLE TO WALK
                                      (21) CONVULSION/
                                     STRANG (1) CALL FOR THEM
                                      (2) LET THEM INTO HOUSE TO CALL
                                       (3) DEPENDS ON SEVERAL FACTORS
                                       (4) OTHER/
                  FREQUENCIES       GENERAL=RACE SEX COUNTY AREA TO NEEDS
                  OPTIONS           3,9
                  STATISTICS        ALL

GIVEN SPACE ALLOWS FOR   3482 TOTAL VALUES AND    348 LABELED VALUES PER VARIABL

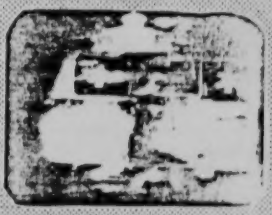
                  READ INPUT DATA

AFTER READING   1020 CASES FROM SUBFILE NONAME  ,  END OF FILE WAS ENCOUNTERED O
```

APPENDIX F
PART 1 SCRIPT FOR TV COMMERCIAL
and
PART 2 SHOOTING SCRIPT EXAMPLE

SCRIPT

page 1

	Audio	Visual	Notes
1	DOZENS OF TIMES A DAY EMERGENCY MEDICAL TECHNICANS LIKE ME CARRY PEOPLE THROUGH THESE DOORS TO THE EMERGENCY ROOM.		60 SECOND SPOT
2	AND EVERY DAY PEOPLE DIE NEEDLESSLY, BECAUSE THEY DID NOT KNOW WHO TO CALL IN AN EMERGENCY SITUATION		
3	WE HAVE BEEN TRAINED TO HANDLE EMERGENCIES		
4	AS SOON AS AN AMBULANCE ARRIVES TREATMENT CAN BEGIN BECAUSE WE ARE IN CONSTANT CONTACT WITH THE DOCTORS AT THE HOSPITAL		
5	WE SAVE LIVES, BUT WE COULD SAVE A LOT MORE.		

SCRIPT

1 page

	Audio	Visual	Notes
1	THIS MAN IS AN EMERGENCY MEDICAL TECHNICAN.	See 60 sec. SPOT FOR Visuals	30 SECOND SPOT
2	HE IS TRAINED TO SAVE LIVES		
3	IN AN EMERGENCY EVERY SECOND COUNTS		
4	SO LOOK UP THE NUMBER FOR YOUR EMERGENCY MEDICAL SERVICE NOW. WRITE IT DOWN AND KEEP IT NEXT TO THE PHONE.		
5	LOOK IT UP, WRITE IT DOWN KEEP IT NEXT TO THE PHONE.		

SCRIPT

1 page

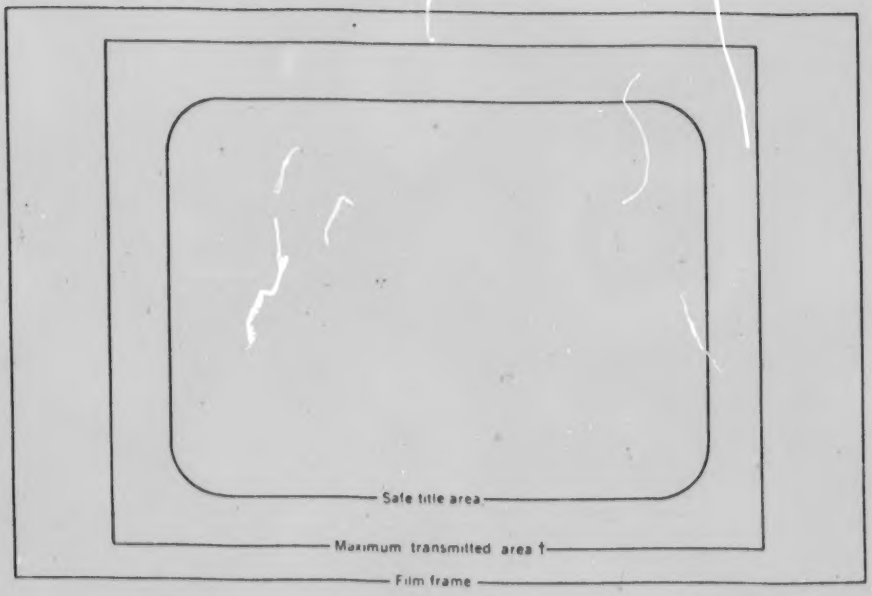
	Audio	Visual	Notes
1	IN AN EMERGENCY EVERY SECOND COUNTS	See 60 sec SPOT FOR Visuals	10 SECOND ID
2	LOOK UP THE NUMBER FOR YOUR EMERGENCY MEDICAL SERVICES.		
3	WRITE IT DOWN AND KEEP IT NEXT TO THE PHONE, NOW		

SCRIPT

page

Audio	Visual	Notes

APPENDIX G
SAFE AREA FOR TV SLIDES



Based on SMPTE RP 9 1966 "Dimensions of Double Frame 35mm 2 x 2 Slides for Precise Applications in Television"
†PH22.94 (from the November 1970 issue of the SMPTE Journal: a proposed revision of PH22.94.1954)

APPENDIX H
PSA's FOR CABLE TELEVISION

CABLEVISION SPOT ANNOUNCEMENTS OF EIGHT LINES:

In an emergency, every second counts. Rescue squads and ambulance services provide the fastest emergency medical care. Be prepared. Your emergency phone number in Wake County is:

829-1911

Call 829-1911 in life-threatening situations like: heart attack, difficult breathing, bleeding, unconsciousness, gunshot or stabbing wounds, accidents, or burns. When you need help fast, CALL YOUR EMERGENCY NUMBER:
829-1911

Do you know what to do in a medical emergency? The Emergency Medical Services System will help you. BE PREPARED. Keep the emergency number by each phone.
829-1911

The Emergency Medical Services system in your community could save your life. Your club, church, or group should find out about this system. Call Lee Gupton at 787-1007 for a presentation.
DO IT TODAY!

CABLEVISION SPOT ANNOUNCEMENTS OF FOUR LINES:

Do you know what to do in a medical emergency? For any life-threatening situation, CALL 829-1911 in Wake County.

Your life may depend on your Emergency Medical Services System. In a medical emergency, CALL 829-1911.

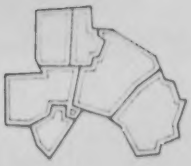
In an emergency, every second counts. Your Emergency Medical Services System is your best help. IN AN EMERGENCY, CALL 829-1911.

When sudden illness or injury strikes, your Emergency Medical Services System is the best help. CALL 829-1911.

The Emergency Medical Services System provides the fastest and best medical care possible. CALL 829-1911.

APPENDIX I
RADIO PSA's (THREE SETS)

Part 1: First Set Public Service Announcements for Radio



PUBLIC EDUCATION PROJECT
Emergency Medical Services
Chapel Hill, North Carolina 27514

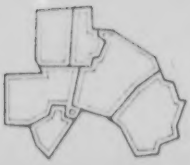
(919) 933-2360

FOR IMMEDIATE USE

RADIO SPOT ANNOUNCEMENT

READING TIME - 10 SECONDS

IN AN EMERGENCY, EVERY SECOND COUNTS. RESCUE SQUADS AND AMBULANCE SERVICES PROVIDE THE FASTEST EMERGENCY MEDICAL CARE. BE PREPARED. LOOK IN YOUR PHONE BOOK FOR THEIR NUMBER TODAY.



PUBLIC EDUCATION PROJECT
Emergency Medical Services
Chydaru Old Mason Farm Road
Chapel Hill, North Carolina 27514

(919) 933-2360

FOR IMMEDIATE USE

RADIO SPOT ANNOUNCEMENT

READING TIME - 20 SECONDS

DO YOU KNOW WHAT TO DO IN A MEDICAL EMERGENCY?

THE ODDS ARE, SOONER OR LATER, YOU OR SOMEONE IN YOUR FAMILY WILL HAVE ONE.

YOUR RESCUE SQUAD OR AMBULANCE SERVICE IS THE BEST PLACE TO CALL IN A MEDICAL EMERGENCY. HIGHLY TRAINED EMERGENCY MEDICAL TECHNICIANS RESPOND IN MINUTES.

DON'T WAIT UNTIL AN EMERGENCY STRIKES. FIND OUT YOUR RESCUE SQUAD OR AMBULANCE SERVICE NUMBER TODAY.

PUBLIC EDUCATION PROJECT
Emergency Medical Services
Chyplaru Old Mason Farm Road
Chapel Hill North Carolina 27514

(919) 933-2360

FOR IMMEDIATE USE

RADIO SPOT ANNOUNCEMENT

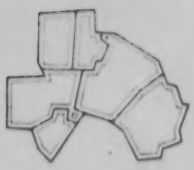
READING TIME - 30 SECONDS

E.M.T.'S COULD SAVE YOUR LIFE! EMERGENCY MEDICAL TECHNICIANS ARE SPECIALLY TRAINED TO BRING EMERGENCY HELP TO SICK AND INJURED PEOPLE. E.M.T.'S WORK AS A TEAM WITH DOCTORS IN HOSPITALS TO AID VICTIMS WHO OTHERWISE MIGHT DIE BEFORE GETTING TO A HOSPITAL.

USE THE E.M.T.'S ONLY FOR REAL EMERGENCIES SUCH AS: HEART ATTACK, ACCIDENTS, UNCONSCIOUSNESS, GUNSHOT OR STABBING WOUNDS, DIFFICULT BREATHING, OR BLEEDING.

CALL YOUR RESCUE SQUAD OR AMBULANCE SERVICE IF THESE EMERGENCIES OCCUR.

Part 2: Second Set Public Service Announcements for Radio



PUBLIC EDUCATION PROJECT
Emergency Medical Services
Chydaru Old Mason Farm Road
Chapel Hill, North Carolina 27514

(919) 933-2360

FOR IMMEDIATE USE

RADIO SPOT ANNOUNCEMENT

READING TIME - 10 SECONDS

TO SCHEDULE A PRESENTATION FOR YOUR GROUP ABOUT EMERGENCY MEDICAL SERVICES IN DURHAM, CALL MICKEY TEZAI AT 682-5641.
THAT'S 682-5641 FOR DURHAM EMS INFORMATION.

PUBLIC EDUCATION PROJECT
Emergency Medical Services
Chydaru Old Mason Farm Road
Chapel Hill, North Carolina 27514

(919) 933-2360

FOR IMMEDIATE USE

RADIO SPOT ANNOUNCEMENT

READING TIME -- 20 SECONDS

IN YOUR COMMUNITY, THERE IS A TEAM OF HIGHLY TRAINED PEOPLE WHO BRING YOU THE FASTEST MEDICAL CARE POSSIBLE IN A LIFE-THREATENING SITUATION. YOUR GROUP, CHURCH, OR CLUB MEMBERS SHOULD KNOW HOW TO BE PREPARED FOR MEDICAL EMERGENCIES. FOR MORE INFORMATION, CALL LEE GUPTON AT 787-1007. THE NUMBER AGAIN IS 787-1007.

PUBLIC EDUCATION PROJECT
Emergency Medical Services
Chapel Hill, North Carolina 27514

(919) 933-2360

FOR IMMEDIATE USE

RADIO SPOT ANNOUNCEMENT

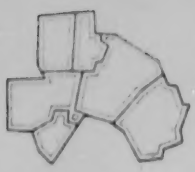
READING TIME - 30 SECONDS

WHEN SUDDEN ILLNESS OR INJURY STRIKES, EVERY SECOND COUNTS! THE EMERGENCY MEDICAL SERVICES SYSTEM PROVIDES THE FASTEST AND BEST EMERGENCY MEDICAL CARE POSSIBLE. EACH EMS VEHICLE CARRIES HIGHLY TRAINED EMERGENCY MEDICAL TECHNICIANS WHO GIVE ON-THE-SPOT CARE. THEY ARE IN CONSTANT TOUCH BY RADIO WITH EMERGENCY ROOM DOCTORS AND CONTINUE TREATMENT WHILE ON THE WAY TO THE HOSPITAL. PROTECT YOUR FAMILY. EVERYONE SHOULD KNOW HOW TO CALL FOR EMERGENCY HELP.

SAY ALTERNATELY: IN CHAPEL-HILL/CARRBORO, THE NUMBER IS 929-2121.

ALTERNATE: IN HILLSBOROUGH, THE NUMBER IS 732-2431.

ALTERNATE: IN DURHAM, SIMPLY DIAL 911.



PUBLIC EDUCATION PROJECT
Emergency Medical Services
Chydaru Old Mason Farm Road
Chapel Hill North Carolina 27514

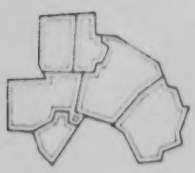
(919) 933 2361

FOR IMMEDIATE USE

RADIO SPOT ANNOUNCEMENT

READING TIME - 10 SECONDS

THE EMERGENCY MEDICAL SERVICES SYSTEM IN YOUR COMMUNITY COULD SAVE YOUR LIFE! YOUR CLUB, CHURCH, OR GROUP SHOULD FIND OUT ABOUT THIS SYSTEM. TO SCHEDULE A PRESENTATION IN RALEIGH, CALL LEE GUPTON AT 787-1007.



PUBLIC EDUCATION PROJECT
Emergency Medical Services
Chydaru Old Mason Farm Road
Chapel Hill North Carolina 27514

(919) 933 2360

FOR IMMEDIATE USE

RADIO SPOT ANNOUNCEMENT

READING TIME: 20 SECONDS

YOUR EMERGENCY MEDICAL SERVICES TEAM COULD SAVE YOUR LIFE! TRAINED DISPATCHERS SEND RESCUE VEHICLES MANNED BY SKILLED EMERGENCY MEDICAL TECHNICIANS. EMT'S GIVE ON-THE-SPOT TREATMENT AND STAY IN TOUCH WITH EMERGENCY ROOM DOCTORS WHILE ON THE WAY TO THE HOSPITAL.

CALL 829-1911 TO PUT THE EMS TEAM INTO ACTION.

IN RALEIGH, THAT NUMBER IS 829-1911.

PUBLIC EDUCATION PROJECT
Emergency Medical Services
Chyclaru Old Mason Farm Road
Chapel Hill North Carolina 27514

(919) 933-2360

FOR IMMEDIATE USE

RADIO SPOT ANNOUNCEMENT

READING TIME -- 30 SECONDS

YOUR LIFE MAY DEPEND ON YOUR LOCAL EMERGENCY MEDICAL SERVICES TEAM. TRAINED DISPATCHERS SEND RESCUE VEHICLES WHICH ARE MANNED BY HIGHLY SKILLED EMERGENCY MEDICAL TECHNICIANS. EMT'S TREAT PATIENTS ON-THE-SPOT AND KEEP IN CONTACT WITH EMERGENCY ROOM DOCTORS WHILE ON THE WAY TO THE HOSPITAL.

KEEP YOUR EMERGENCY NUMBER NEAR ALL PHONES.

IN CHAPEL HILL/CARRBORO, IT IS 929-2121.

ALTERNATE: IN HILLSBOROUGH, IT IS 732-2431.

ALTERNATE: IN DURHAM, IT IS 911.

Part 3: Third Set Public Service Announcements for Radio

PUBLIC EDUCATION PROJECT
Emergency Medical Services
Chyptaru Old Mason Farm Road
Chapel Hill, North Carolina 27514

(919) 933 2360

FOR IMMEDIATE USE

RADIO SPOT ANNOUNCEMENT

READING TIME - 10 SECONDS

YOUR RESCUE SQUAD HAS AN EMERGENCY PHONE STICKER AND AN EMERGENCY CHECKLIST FOR YOU. STOP BY YOUR RESCUE SQUAD'S BUILDING, PICK UP YOUR STICKERS, AND MEET THE PEOPLE WHO COULD SAVE YOUR LIFE.

PUBLIC EDUCATION PROJECT
Emergency Medical Services
Chyptau Old Mason Farm Road
Chapel Hill North Carolina 27514

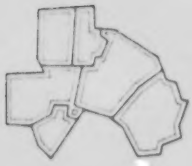
(919) 933 2360

FOR IMMEDIATE USE

RADIO SPOT ANNOUNCEMENT

READING TIME - 20 SECONDS

IN AN EMERGENCY, EVERY SECOND COUNTS. HAVING THE EMERGENCY PHONE NUMBER ON OR NEAR YOUR TELEPHONE SAVES TIME. VISIT YOUR RESCUE SQUAD OR AMBULANCE SERVICE AND PICK UP YOUR FREE EMERGENCY PHONE STICKERS. PUT ONE ON OR NEAR ALL YOUR TELEPHONES. TAKE THE TIME NOW TO SAVE TIME LATER.



PUBLIC EDUCATION PROJECT
Emergency Medical Services
Chydaru Old Mason Farm Road
Chapel Hill North Carolina 27514

(919) 933 2360

FOR IMMEDIATE USE

RADIO SPOT ANNOUNCEMENT

READING TIME - 30 SECONDS

YOU ARE THE MOST IMPORTANT LINK! EMERGENCY MEDICAL SERVICES IS A SYSTEM TO HELP YOU IN A MEDICAL EMERGENCY. BUT DO YOU KNOW HOW TO CALL FOR IT? PUT A PHONE STICKER WITH THE EMERGENCY PHONE NUMBER ON OR NEAR EVERY PHONE IN YOUR HOME. STICKERS ARE AVAILABLE THROUGH YOUR LOCAL RESCUE SQUAD OR AMBULANCE SERVICE. REMEMBER, IN AN EMERGENCY, YOU ARE THE MOST IMPORTANT LINK TO HELP. CALLING YOUR EMERGENCY MEDICAL SERVICES PHONE NUMBER BRINGS HELP FAST.

PUBLIC EDUCATION PROJECT
Emergency Medical Services
Chyalaru Old Mason Farm Road
Chapel Hill North Carolina 27514

(919) 933 2360

FOR IMMEDIATE USE

RADIO SPOT ANNOUNCEMENT

READING TIME - 10 SECONDS

BE PREPARED. IN AN EMERGENCY, EVERY SECOND COUNTS. STOP BY YOUR RESCUE SQUAD TODAY AND PICK UP YOUR PREPAREDNESS CARD AND PHONE STICKER. KNOWING WHAT TO DO AND WHO TO CALL IN AN EMERGENCY COULD SAVE A LIFE. PICK UP YOUR LIFE-SAVING KIT TODAY.

PUBLIC EDUCATION PROJECT
Emergency Medical Services
Chyparu Old Mason Farm Road
Chapel Hill North Carolina 27514

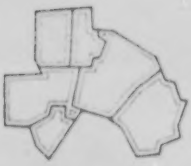
(919) 933 2360

FOR IMMEDIATE USE

RADIO SPOT ANNOUNCEMENT

READING TIME - 20 SECONDS

DO YOU KNOW WHAT NUMBER TO CALL FOR HELP IN A MEDICAL EMERGENCY? PICK UP A FREE PHONE STICKER FROM YOUR LOCAL RESCUE SQUAD OR AMBULANCE SERVICE. HAVING THE NUMBER TO CALL ON OR NEAR YOUR TELEPHONE CAN SAVE TIME, AND IN AN EMERGENCY, EVERY SECOND COUNTS.



PUBLIC EDUCATION PROJECT
Emergency Medical Services
Chapman Old Mason Farm Road
Chapel Hill North Carolina 27514

(919) 933-2360

FOR IMMEDIATE USE

RADIO SPOT ANNOUNCEMENT

READING TIME - 30 SECONDS

ARE YOU PREPARED FOR A MEDICAL EMERGENCY? TO HELP AVOID PANIC WHEN AN EMERGENCY STRIKES, KEEP A CHECKLIST OF EMERGENCY PHONE NUMBERS AND THINGS TO DO IN YOUR WALLET OR PURSE. FIND OUT HOW TO BE PREPARED IN YOUR HOME OR WHAT TO DO IF YOU MEET WITH AN EMERGENCY ON THE ROAD. "BE PREPARED" WALLET CARDS AND A CHECKLIST ARE AVAILABLE THROUGH YOUR LOCAL RESCUE SQUAD OR AMBULANCE SERVICE. STOP BY AND PICK UP SEVERAL. YOUR FAMILY AND FRIENDS WILL THANK YOU.

APPENDIX J
LEADING QUESTION WITH SUGGESTED ANSWERS
for RADIO TALK SHOWS

WHAT IS THE EMERGENCY MEDICAL SERVICES SYSTEM?

THE EMS SYSTEM IS COMPOSED OF THREE GROUPS OF HIGHLY TRAINED PEOPLE WHO BRING YOU THE FASTEST MEDICAL CARE POSSIBLE IN AN EMERGENCY SITUATION.

THESE PEOPLE ARE DISPATCHERS, EMERGENCY MEDICAL TECHNICIANS, AND THE DOCTORS AND NURSES AT THE EMERGENCY ROOM OF THE HOSPITAL. THEY USE THE LATEST MEDICAL TECHNOLOGY AND SOPHISTICATED COMMUNICATION EQUIPMENT AND RESCUE VEHICLES OR AMBULANCES TO BRING HELP TO CITIZENS WHO NEED IT.

HOW DO I GET HELP WHEN I NEED IT?

CALL YOUR EMERGENCY TELEPHONE NUMBER. HELP WILL BE ON ITS WAY IN MINUTES.

WHAT HAPPENS WHEN I CALL MY EMERGENCY NUMBER?

CALLING THE NUMBER CONNECTS YOU WITH A TRAINED DISPATCHER WHO COLLECTS THE IMPORTANT INFORMATION ABOUT THE EMERGENCY. WHEN HE ANSWERS THE PHONE, YOU SHOULD TELL HIM YOU ARE CALLING ABOUT A MEDICAL EMERGENCY. GIVE HIM YOUR NAME AND PHONE NUMBER YOU ARE CALLING FROM SO THAT, IF NECESSARY, HE CAN CALL YOU BACK FOR MORE INFORMATION. YOU SHOULD GIVE THE DISPATCHER THE ADDRESS OR LOCATION OF THE EMERGENCY AND REMAIN ON THE PHONE TO ANSWER ANY QUESTIONS HE MAY ASK. THE RESCUE SQUAD OR AMBULANCE SERVICE WITH ITS EMERGENCY MEDICAL TECHNICIANS IS THEN DISPATCHED TO BRING EMERGENCY CARE TO THE PATIENT AT THE SCENE.

WHO ARE THE EMERGENCY MEDICAL TECHNICIANS?

EMERGENCY MEDICAL TECHNICIANS, OR E.M.T.'S FOR SHORT, ARE HIGHLY SKILLED PEOPLE WHO HAVE HAD MORE THAN 81 HOURS OF TRAINING IN EMERGENCY MEDICAL CARE. THEY SPEND 71 HOURS IN THE CLASSROOM, LEARNING THE LATEST METHODS AND PROCEDURES OF EMERGENCY MEDICAL CARE. THEY SPEND 10 HOURS IN A HOSPITAL EMERGENCY ROOM PUTTING THESE TECHNIQUES INTO PRACTICE. AFTER COMPLETION OF TRAINING, THEY ARE CERTIFIED BY THE STATE AS EMERGENCY MEDICAL TECHNICIANS. THEY ARE ON DUTY WITH THEIR RESCUE SQUAD OR AMBULANCE SERVICE EVERY WEEK AND HAVE A SUBSTANTIAL AMOUNT OF EXPERIENCE IN DEALING WITH SEVERE INJURIES, ACCIDENTS, AND HEART RELATED PROBLEMS.

WHEN SHOULD THEY BE CALLED?

E.M.T.'S SHOULD BE CALLED FOR ANY LIFE THREATENING SITUATION, LIKE THE FOLLOWING: ACCIDENTS--AUTOMOBILE OR HOME ACCIDENTS WHICH PRODUCE SEVERE INJURIES; BURNS; HEART ATTACK OR ANY OF ITS SIGNS SUCH AS STRONG CHEST PAIN; UNCONSCIOUSNESS; GUNSHOT OR STABBING WOUNDS; DIFFICULT BREATHING; HEAVY BLEEDING.

IT IS VERY IMPORTANT NOT TO ABUSE THE SYSTEM BY CALLING UNNECESSARILY, HOWEVER, WHEN IN DOUBT, CALL YOUR EMERGENCY NUMBER. E.M.T.'S WOULD RATHER RESPOND TO YOUR CALL AND DETERMINE THAT THEY ARE NOT NEEDED THAN TO HAVE A PERSON DIE BECAUSE SOMEONE DID NOT CALL.

WHERE ARE THE RESCUE SQUADS OR AMBULANCE SERVICES LOCATED?

THERE IS A RESCUE SQUAD OR AMBULANCE SERVICE IN ALMOST EVERY TOWN AND CITY IN REGION J. ALMOST EVERY CITIZEN IN THE REGION IS WITHIN 15 MINUTES OF EMERGENCY MEDICAL CARE.

IS THERE A CHARGE FOR THEIR SERVICES?

THIS VARIES FROM PLACE TO PLACE. MOST RESCUE SQUADS DO NOT CHARGE FOR THEIR SERVICES BUT WILL PROBABLY ASK FOR A CONTRIBUTION FROM YOU ON THEIR NEXT FUND-RAISING DRIVE. MOST AMBULANCE SERVICES HAVE A SET RATE FOR THEIR CALLS, BUT, MOST IMPORTANTLY, NO ONE IS EVER DENIED SERVICE BECAUSE OF AN INABILITY TO PAY.

ARE THE E.M.T.s PAID?

THERE IS NOT ONE ANSWER FOR THIS QUESTION, BUT IT IS IMPORTANT TO KNOW THAT BY AND LARGE THE EMT'S DONATE THEIR TIME AND SERVICES AND ARE NOT PAID. IN SOME CASES, ONE OR TWO EMT'S ARE PAID BY A RESCUE SQUAD TO BE ON DUTY DURING THE DAY WHEN THE OTHER MEMBERS ARE WORKING. AMBULANCE SERVICES, OF COURSE, DO HAVE FULL-TIME PAID PERSONNEL.

HOW ARE THE VOLUNTEER UNITS SUPPORTED?

RESCUE SQUADS ARE SUPPORTED BY THE COMMUNITY. THEY PERIODICALLY HAVE FUND-RAISING EVENTS IN CONJUNCTION WITH OTHER CIVIC GROUPS TO ENABLE THEM TO OBTAIN AND REFURBISH THEIR EQUIPMENT TO PROVIDE YOU WITH THE BEST POSSIBLE EMERGENCY MEDICAL CARE.

WHY DO THEY DEVOTE THEIR TIME AND ENERGY TO HELPING OTHER PEOPLE?

OUT OF A NEED TO SERVE THEIR NEIGHBORS AND FELLOW CITIZENS. EMT's ARE DEDICATED PEOPLE WHO SEE THE NEED FOR SERVICE SUCH AS THEIRS. MANY OF THEM JOINED THE RESCUE SQUAD OUT OF THEIR OWN FRUSTRATION AND SENSE OF HELPLESSNESS IN ENCOUNTERING XXXIXX MEDICAL EMERGENCIES IN THEIR OWN FAMILIES. OUT OF THIS NEED TO HELP THEMSELVES GREW THE DESIRE TO HELP OTHERS.

HOW CAN THE EMS SYSTEM HELP ME?

IT COULD SAVE YOUR LIFE---OR THE LIFE OF SOMEONE YOU LOVE. NO ONE KNOWS WHEN AN EMERGENCY WILL STRIKE, BUT WHEN ONE DOES, TIME IS OF THE ESSENCE. THERE AREN'T MANY THINGS WE CAN DO TO AVOID AN EMERGENCY, BUT WE CAN BE PREPARED TO MEET IT. YOUR RESCUE SQUAD OR AMBULANCE SERVICE DEPENDS ON YOU TO BE PREPARED TO RECOGNIZE A MEDICAL EMERGENCY AND THEN TO GET IN TOUCH WITH THEM SO THAT THEY CAN BRING HELP FAST.

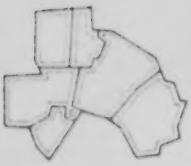
WHAT CAN I DO TO BE BETTER PREPARED?

PREPARATION IS ACTUALLY SIMPLE. AN EMERGENCY PHONE NUMBER AND SOME PRE-PLANNING WITH YOUR FAMILY ARE ALL THAT'S REQUIRED. YOU CAN FIND YOUR EMERGENCY NUMBER ON THE FIRST PAGE OF YOUR TELEPHONE BOOK. WRITE IT DOWN AND KEEP IT NEAR ALL PHONES. ALSO WRITE DOWN CLEAR DIRECTIONS TO YOUR HOME AND KEEP THIS INFORMATION WITHIN EASY REACH OF BABYSITTER OR OTHER PERSONS THAT MAY COME TO YOUR HOME. TALK OVER WITH YOUR FAMILY WHAT TO DO IN CASE OF A MEDICAL EMERGENCY. ANYONE OLD ENOUGH TO USE TO TELEPHONE SHOULD KNOW HOW TO CALL FOR THE RESCUE SQUAD OR AMBULANCE SERVICE. IF EVERYONE IN YOUR FAMILY KNOWS WHAT TO DO IN AN EMERGENCY, THEN YOU ARE PREPARED.

WHAT KIND OF EMERGENCIES CAN THE EMS SYSTEM HANDLE?

THE EMS SYSTEM IS PREPARED TO HANDLE ALL LIFE THREATENING SITUATIONS. EMTS HAVE BEEN TRAINED TO GIVE CLOSED CHEST HEART MASSAGE AND ARTIFICIAL RESPIRATION AND CAN GIVE OXYGEN WHEN NECESSARY. THEY HAVE TRAINING AND PRACTICE IN EXTRICATING PEOPLE FROM WRECKED AUTOMOBILES OR OTHER WRECKAGE. THEY ARE A HIGHLY SKILLED TEAM.

APPENDIX K
SAMPLE NEWS RELEASE



PUBLIC EDUCATION PROJECT
Emergency Medical Services
Chyatoru Old Mason Farm Road
Chapel Hill North Carolina 27514

(919) 933-2360

SAMPLE NEWS RELEASE

EXTRICATION DEMONSTRATION

OXBORO Rescue Squad Chief Arthur Denton and members of the Star of Life Rescue Squad will give a demonstration of the Hurst power tool at 10 a.m. on Saturday, March 19, 1977 behind the Rescue Squad building at 1123 S. Main Street in Oxboro. The Hurst power tool is used to extricate accident victims from crushed vehicles or other circumstances in which the Emergency Medical personnel do not have easy access to those who need emergency aid.

The Hurst power tool was donated to the Star of Life Rescue Squad by the Oxboro Lions Club after a year long fund raising drive. Chief Denton says, "This is an important addition to our life saving arsenal and will help us provide greater service to our community."

The demonstration is free and Chief Denton urges everyone to attend so that they can see for themselves the extended capability of the squad to meet a variety of life threatening emergencies.

The Rescue Van and the Crash Truck will also be on display in the Squad building.

-30-

APPENDIX L
ADDRESSES OF OUTDOOR ADVERTISERS

DIRECTORY OF

NORTH CAROLINA OUTDOOR ADVERTISING PLANTS

Mr. George Allison — 704-586-2737
ALLISON OUTDOOR ADVERTISING
P. O. Box 607
Sylva, NC 28779

Mrs. Lucille S. Ingle — 704-728-4269
APPALACHIAN POSTER ADVERTISING CO., INC.
P. O. Box 347
Lenoir, NC 28645

Mr. James F. Bocook — 704-693-3900
BOCOOK OUTDOOR ADVERTISING INC.
P. O. Box 1779
Hendersonvilld, NC 28739

Mr. George A. Gontero — 704-252-3874
LAMAR DEAN OUTDOOR ADVERTISING CO.
P. O. Box 448
Asheville, NC 27608

Mr. John D. Baggett — 919-527-0454
LAMAR DEAN OUTDOOR ADVERTISING CO.
P. O. Box 1047
Parkview Branch
Kinston, NC 25801

Mr. T. C. Bogle — 919-832-3975
LAMAR DEAN OURDOOR ADVERTISING CO.
P. O. Box 10545
Raleigh, NC 27603

Mr. Paul E. Thompson — 919-724-1941
LAMAR DEAN OUTDOOR ADVERTISING CO.
P. O. Box 10449 Salem Station
Winston-Salem, NC 27108

Mr. William B. Parkins — 704-375-8469
LAMAR DEAN OUTDOOR ADVERTISING CO.
P. O. Box 4141
Charlotte, NC 28204

Mr. Richard D. Underwood
PIEDMONT OUTDOOR ADVERTISING CO.
P. O. Box 9444
Greensboro, NC 27408

919-272-6112

Mrs. G. Adams
RUTLEDGE POSTER ADVERTISING CO., INC.
P. O. Box 83
Yadkinville, NC 27055

919-679-2341

Mr. Richard H. Troy, Jr.
SCHLOSS OUTDOOR ADVERTISING CO.
P. O. Box 896
Charlotte, NC 28231

704-333-0588

Mr. John F. Hogan
SIZEMORE POSTER ADVERTISING CO.
P. O. Box 6342
Raleigh, NC 27608

919-787-0143

APPENDIX M
DESIGN FOR BILLBOARD

Original Size 5" X 10"
Final Size 12' X 25' (30 Sheet)

Emergency
Medical
Services

In an emergency CALL

829-1911

Every Second Counts

A-75

APPENDIX N
BROCHURE SAMPLES

Original Size 5 7/8" X 7 5/8"

Blue and Brown Ink..6 Panels

EMERGENCY MEDICAL SERVICES

Your Best Help
in a Medical Emergency

A-77

What is the Emergency Medical Services System?

The EMS System is composed of three groups of highly trained people who bring you the fastest medical care possible in an emergency situation.

These people are dispatchers, Emergency Medical Technicians, and the doctors and nurses at the emergency room of the hospital. They use the latest medical technology and sophisticated communication equipment and rescue vehicles or ambulances to bring help to citizens who need it.

How Do I Get Help When I Need It?

Call your emergency telephone number. Help will be on its way in minutes.

To obtain the emergency phone number for your area, consult the front page of the telephone book or look at the stamped number on the back page of this brochure.

What Happens When I Call My Emergency Number?

Calling the number connects you with a trained dispatcher who collects the important information about the emergency. When he answers the phone, say "I am calling about a medical emergency." Give him your name and the phone number you are calling from so that, if necessary, he can call you back for more information. You should give the dispatcher the address or location of the emergency and remain on the phone to answer any questions he may ask. The rescue squad or ambulance service, with its Emergency Medical Technicians, is then dispatched to bring emergency care to the patient at the scene.

Who are the Emergency Medical Technicians?

Emergency Medical Technicians, or E.M.T.'s for short, are highly skilled people who have had more than 81 hours of training in emergency medical care. They spend 71 hours in the classroom, learning the latest methods and procedures of emergency medical care. They spend 10 hours in a hospital emergency room putting these techniques into practice. After completion of training, they are certified by the state as Emergency Medical Technicians. They are on duty with their rescue squad or ambulance service every week and have a substantial amount of experience in dealing with severe injuries, accidents, and heart related problems.

When Should They be Called?

E.M.T.'s should be called for any life-threatening situation, like the following: accidents—automobile or home accidents which produce severe injuries; burns; heart attack or any of its signs such as strong chest pain; unconsciousness; gunshot or stabbing wounds; difficult breathing; heavy bleeding.

It is very important not to abuse the system by calling unnecessarily, however, when in doubt, call your emergency number. Emergency Medical Technicians would rather respond to your call and determine that they are not needed than have a person die because someone did not call.

Where are the Rescue Squads or Ambulance Services Located?

There is a rescue squad or ambulance service in almost every town and city in our area. Almost every citizen in the region is within 15 minutes of emergency medical care.

Is There a Charge for Their Services?

This varies from place to place. Most rescue squads do not charge for their services but will probably ask for a contribution from you on their next fund-raising drive. Most ambulance services have a set rate for their calls, but, most importantly, no one is ever denied service because of an inability to pay.

Are the E.M.T.'s Paid?

There is not one answer for this question, but it is important to know that, by and large, the E.M.T.'s donate their time and services and are not paid. In some cases, one or two Emergency Medical Technicians are paid by a rescue squad to be on duty during the day when other members are working. Ambulance services, of course, do have full-time paid personnel.

How are the Volunteer Units Supported?

Rescue squads are supported by the community. They periodically have fund-raising events in conjunction with other civic groups to enable them to obtain and refurbish their equipment and to continue to provide you with the best possible emergency medical care. In many cases, state and federal funds are available for the rescue squads.

Why Do They Devote Their Time and Energy to Helping Other People?

Out of a need to serve their neighbors and fellow citizens. E.M.T.'s are dedicated people who see the need for service such as theirs. Many of them joined the rescue squad out of their own frustration and sense of helplessness in encountering medical emergencies in their own families. Out of this need to help themselves grew the desire to help others.

How Can the EMS System Help Me?

It could save your life—or the life of someone you love. No one knows when an emergency will strike, but when one does, TIME is of the essence. We can't always avoid an emergency, but we can be prepared to meet it. Your rescue squad or ambulance service depends on you to be prepared to recognize a medical emergency and then to get in touch with them so that they can bring help fast!

What Can I Do to be Better Prepared?

Preparation is actually simple. An emergency phone number and some pre-planning with your family are all that's required. You can find your emergency number on the first page of your telephone book. Write it down and keep it near all phones. Also write down clear directions to your home and keep this information within easy reach of babysitters or other persons who may come to your home. Talk over with your family what to do in case of a medical emergency. Anyone old enough to use a telephone should know how to call for the rescue squad or ambulance service. If everyone in your family knows what to do in an emergency, then you are prepared.

What Kind of Emergencies Can the EMS System Handle?

The Emergency Medical Services System is prepared to handle all life-threatening situations. E.M.T.'s have been trained to give closed chest heart massage and artificial respiration and can give oxygen when necessary. They have training and practice in removing people from wrecked automobiles or other wreckage. They are a highly skilled team.

YOU are the most important link.

You may have a medical emergency in your home, or you may be the first one at the scene of an accident on the highway. Knowing what to do and how to do it in the first crucial moments of a medical emergency can stop panic, and, more importantly, can keep a crisis from becoming a tragedy. You have a good Emergency Medical Services System that is made up of individuals who dedicate their time and effort to being available when you need them. BUT, to work for you, THEY MUST BE CALLED.

YOUR EMERGENCY PHONE NUMBER IS

_____

Teach your family how to use it. Remember, the life of someone you love could depend on it.

BE PREPARED
In an emergency, every second counts.

Region J Public Education Project for Emergency Medical Services.

Emergency Medical Technicians are specially trained to bring emergency help to sick and injured people. E.M.T.'s work as a team with doctors in hospitals to aid victims who otherwise might die before getting to a hospital. Use the E.M.T.'s only for real emergencies such as: heart attack, accidents, burns unconsciousness, gunshot or stabbing wounds, difficult breathing, or bleeding.

heart attack

‹strong chest pain›

Original Size 4" X 5"

Red and Black Ink..8 Panels

difficult breathing

bleeding

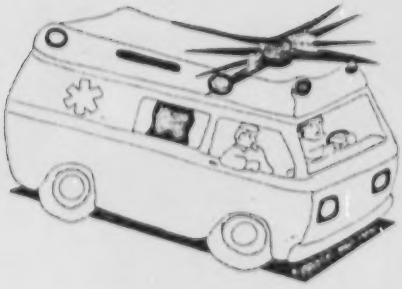
unconsciousness

gunshot or stabbing wounds

accidents & burns

If you need emergency help for any of these reasons, call your rescue squad or ambulance service.

E.M.T.'s could save YOUR life!



Original size 5" X 8"

Brown and Blue Ink
with Tear-off Wallet Card

BE PREPARED

In an emergency, every second counts.

IN YOUR CAR

1. Keep alert for emergency vehicles.
2. If overtaken by an emergency vehicle:
   a. Pull to the right of the road and stop.
   b. Proceed cautiously when vehicle has passed.
   c. If you can't pull over and stop, move as far to the right as possible and allow the vehicle to pass.
   d. Don't pull out onto the road in front of an emergency vehicle.
   e. Don't follow an emergency vehicle

If you approach an accident site and help is already at the scene:
1. Don't stop at the scene; this causes additional congestion and problems.
2. Keep your eyes alert for vehicles on roadway.
3. Stay away from major disasters.

DETACH THE CARD BELOW AND KEEP IT HANDY

CIRCLE the emergency phone number for the areas in which you live, work, play, or travel frequently

Durham County	911
Chatham County	742-4514
E. Chatham	542-2811
Moncure	542-2422
Lee County	776-4711
Orange County	
Chapel Hill-Carrboro	929-2121
Hillsborough	732-2431
Johnston County	
Selma	965-8189
Smithfield	934-2121
Micro	284-4174
Clayton	553-6058
Four Oaks	963-2157
Benson	894-2091
Kenly	284-2116
Princeton	936-6481
Wake County	829-1911
Cary	467-6101

BE PREPARED

In an emergency, every second counts.

IN YOUR HOME

Things to do to prepare your home and family for a medical emergency:

1. **Keep a list of emergency phone numbers by each telephone.**
2. **Make sure your house or apartment number can easily be seen from the street,** *both day and night.*
3. **Keep directions to your home by each phone.**
4. **Talk over with your family what to do in a medical emergency.**
5. **Teach your children to handle a medical emergency. Your child should know:**
   - **a. his/her name**
   - **b. his/her address**
   - **c. his/her phone number**
   - **d. how to call your emergency number**
   - **e. not to hang up the phone once he/she has called for help.**

DETACH THE CARD BELOW AND KEEP IT HANDY

If you witness an accident or are the first one at the scene, do the following:

1. Stop.
2. Don't panic.
3. Determine if emergency medical help is needed — is anyone bleeding? unconscious? hurt with possible broken limbs? etc. etc.
4. Call the police or highway patrol and tell them that emergency medical care is needed.
5. Give the following information:
   - a. your name and the phone # from where you are calling.
   - b. the type of emergency.
   - c. directions to the site of the emergency.
   - d. how many people are injured.
   - e. DON'T HANG UP: stay on the line to answer the dispatcher's questions.
6. Do not help the injured if you are not trained.
7. Only because of a threat of death (such as fire) should you attempt to move an injured person.
8. Remain at the scene until help arrives, and if necessary, flag down or signal the rescue vehicle when it arrives.

If you have an emergency in or near your home, do the following:

1. Don't panic.
2. Call your Emergency Medical Services number. (see back of card)
3. Tell the person who answers: "I'm calling about a medical emergency."
4. Give him the following information:
   - a. your name.
   - b. the location of the emergency.
   - c. the phone number from where you are making the call.
   - d. the nature of the emergency and any special circumstances.
   - e. the number of people who are injured or ill.
   - f. DON'T HANG UP: stay on the line to answer dispatcher's questions.
5. Do not help the injured if you have not been trained.
6. Do reassure him that help is on the way.
7. If at home at night, turn on the outside light.

Region 2 Public Education Project for Emergency Medical Services

APPENDIX O
EXAMPLES OF POSTERS

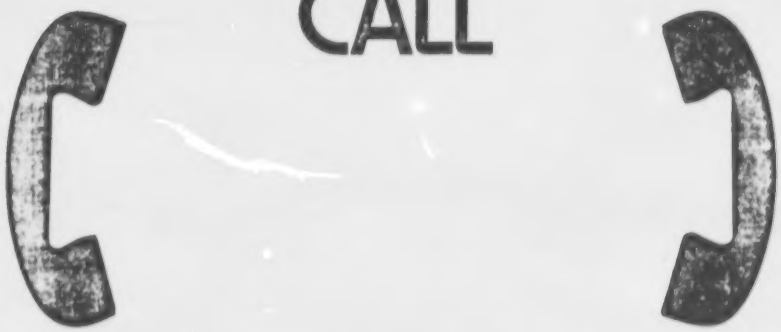
Original Size 16" X 24"

Blue Ink
Telephone Number in Red Ink

Emergency Medical Services

In an Emergency

CALL



EVERY SECOND COUNTS

A-88

Emergency Medical Services

In an Emergency

CALL

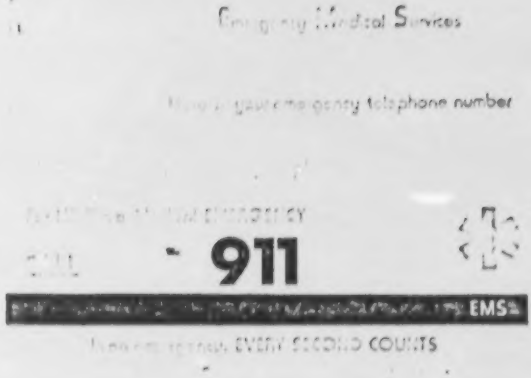
911

EVERY SECOND COUNTS

Original Size 11" X 18"

Blue Ink
Telephone Number in Red Ink

APPENDIX P
TELEPHONE STICKERS



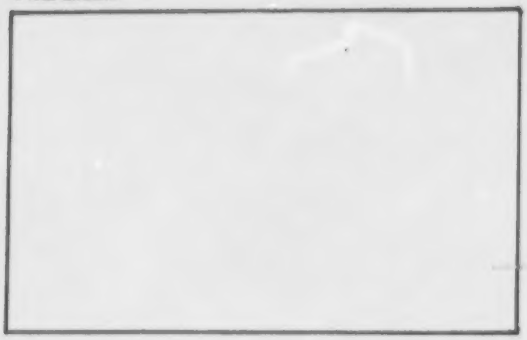
Original Size 3" X 5"

Blue and Red Ink
Die Cut Area 1" X 4"

A-91

APPENDIX Q
SLIDE/TAPE SCRIPTS (TWO VERSIONS)

visual



description

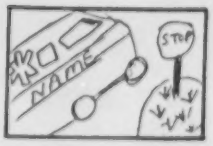
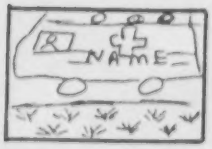
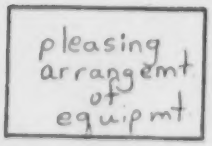
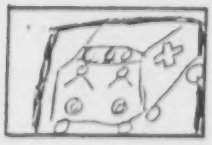
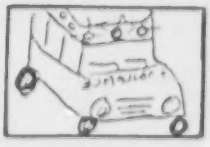
audio

RESCUE SQUAD:

PHONE NUMBER:

DATE OF APPOINTMENT:

TIME:

FRAME:		NUMBER NEEDED:	DESCRIPTION:
23 A & 69 B		2	2 EMT's leaving the rescue vehicle, each carrying equip.
28 A & 57 B		2	Identifiable rescue vehicle; obviously observing traffic regulation.
29 A & 55 B		2	Full view of side of vehicle, with name on van clearly showing.
30 A		1	Shot of equipment, general and conglomerate.
39A		1	Shot of boat(s).
47B		1	Rescue vehicle with 2 EMT's (not visible) leaving building to respond to call. Flashers on.
48 B		1	vehicle traveling on hwy, on the way to site. Front view; flashers on; EMT's not visible w/i

SCRIPT A
(aprox. 9 min.)

EMERGENCY MEDICAL SERVICES
SLIDE/TAPE PRESENTATION

Public Education Project
in cooperation with the
Region J Emergency Medical Services Committee
and the
State Office of Emergency Medical Services

EMS SLIDE/TAPE PRESENTATION

Visual		Audio
Black	1:	
Front of car and bicycle	2:	(Music)
Close-up of car and bicycle wheel	3:	(Music)
Man at desk	4:	(Music)
Man at desk in pain	5:	(Music)
Child's head and can of Drano	6:	(Music)
Child reaching for Drano	7:	(Music)
"EMERGENCY" over Drano can	8:	Each of us will probably, at one time or another, face an emergency requiring immediate medical aid, like the people we've just seen.
"EMERGENCY"	9:	No one is immune to emergencies. Sudden illness and injury are facts of life. There are not many things we can do to avoid an unexpected emergency, but we can be prepared to meet it.
"EMERGENCY" with red figure	10:	Knowing what to do and how to do it in those first crucial moments can stop panic and--more important--can keep a crisis from becoming a tragedy.
Emergency number	11:	Know this number. If you ever need emergency medical help, call this number. Everyone in your family should know this number and not need to look it up.
"Emergency Medical Service Team" and 3 circles	12:	In our community, there is a team of highly trained people who could save your life. Or the life of someone you love.
"Emergency Medical Services Team" with graphics on 3 circles	13:	This is your Emergency Medical Services Team. They need your help to bring emergency help when it's needed. Now, let's meet each member.
Close-up of dispatcher	14:	First, there is a dispatcher.
Two EMTs with patient	15:	Second, there are two or more Emergency Medical Technicians, called EMTs for short.
Nurses in Emergency Room with patient	16:	And, third, there are doctors, nurses, and other staff members in the hospital Emergency Room.

Visual	Audio
"Emergency Medical Services Team" with 3 graphics in circles	17: This is the team that dedicates their time and effort to being available when you need them. But to work for you, they must be called.
Emergency number	18: Remember, when you are in need of emergency care, this number puts your Emergency Medical Services Team into action.
Dispatcher	19: Calling your emergency number connects you with a trained dispatcher, who collects the important information about your emergency.
Woman dialing	20: When you call your emergency number, you should say: "I'm calling about a medical emergency." Also tell the dispatcher who you are and the phone number you are calling from.
Split screen of woman and dispatcher	21: You should tell the dispatcher the address or location of the emergency: "I'm at 245 Birch Avenue." Don't hang up. Remain on the phone to answer any questions the dispatcher may have.
Rescue vehicle leaving building	22: The dispatcher evaluates your emergency and sends the rescue squad or ambulance service that can most quickly reach the location of the emergency.
EMTs leaving rescue vehicle	23: The Emergency Medical Technicians arrive on the scene in a rescue vehicle. This vehicle is like an emergency room on wheels.
EMTs giving oxygen to patient	24: The EMTs are experienced in dealing with a wide range of severe injuries, heart-related problems, and other emergencies.
EMTs applying bandage to patient	25: The EMTs receive over 81 hours of training. Upon completion of training and after examination, they become certified by the state. They are trained in the latest procedures of emergency medical care.
EMTs with patient in garage	26: When the EMTs arrive at the scene of an emergency, they give the patient on-the-spot emergency medical care.
EMTs bringing stretcher from rescue vehicle	27: After stabilizing the patient, the EMTs use the emergency rescue vehicle to transport the patient to the hospital Emergency Room. The team continues treatment while enroute.

Visual	Audio
Rescue vehicle at stop sign	28: This transport is safe. Traffic regulations are obeyed, and the vehicle seldom has to speed or use sirens.
Side view of rescue vehicle on road	29: The emergency vehicle is usually called the rescue van or ambulance. It is a very important part of the Emergency Medical Services System.
Equipment in open door of vehicle	30: The rescue vehicle is equipped with life-saving and life-support equipment. Let's take a closer look at some of this equipment.
Suction aspirator	31: Suction aspirators are used to clear breathing passages.
Ventilation units and airways	32: Ventilation units aid in breathing. Airways for adults, children, and infants keep breathing passages open.
Oxygen unit	33: Portable oxygen units are used to administer that element basic to life, oxygen.
Backboards, splints, cervical collars	34: Backboards, splints, and cervical collars keep injured patients from moving their bodies and causing further injury to themselves.
OB kit and poison antidote kit	35: The rescue vehicle is also equipped with an obstetrical kit and a poison antidote kit.
Blood pressure cuff and stethoscope	36: A blood pressure cuff and a stethoscope are valuable tools for determining a patient's vital signs.
Stretcher	37: A four-wheeled adjustable stretcher is used to move the patient.
Medical supplies	38: Finally, the vehicle is equipped with medical supplies used in most emergencies.
Boat	39: In addition to the rescue van, most rescue squads have small boats for water emergencies.
EMT on radio in vehicles	40: One of the most important parts of the emergency vehicle is the two-way radio. This radio enables the EMTs to stay in constant contact with doctors in the hospital emergency room.
Split screen of doctor and EMT on radio	41: (Doctor): "What are the patient's vital signs?" (EMT): "We have a pulse rate of 120 and a BP of 140 over 90."

Visual	Audio
Doctor in Emergency Room	42: This two-way communication enables the doctor in the Emergency Room to advise the EMTs about any additional treatment needed by the patient.
Nurses in Emergency Room with equipment	43: At the same time, this communication system gives the Emergency Room staff early notification of any special equipment that might have to be set up for the patient.
Close-up of EKG readout	44: In the near future, this two-way link could be used to send an electrocardiogram directly from the patient to the Emergency Room. This visual record will add to the ability of the Emergency Room to prepare for the needs of each incoming patient.
Emergency Room and staff	45: The Emergency Room at the hospital, with its doctors, nurses, and staff, forms the third part of the Emergency Medical Services System.
Nurses in Emergency Room with patient	46: The staff in the Emergency Room has a great deal of experience in traumatic medicine, and is prepared to give a broad range of emergency care to the patient.
Patient in hospital bed	47: They will diagnose and treat the patient until he can be moved to that part of the hospital equipped to give appropriate continuing care.
"Emergency Medical Services Team" and 3 graphics in circle	48: You have seen the people and the equipment that make up the Emergency Medical Services System. But remember, you are the most important link.
Graphic of phone dial	49: You must know how to put this highly skilled team to work by dialing your emergency number.
Emergency number	50: Know your emergency number and keep it near your telephone. It is the number you must be able to call immediately in a medical emergency.
Family around table	51: Everyone in your family should know how to call for the rescue squad or ambulance service. Make certain they know where the number can be found.
"Life-threatening"	52: What is an emergency? When would you set the Emergency Medical Services Team into action? There are seven main types of life-threatening emergencies.
"Heart attack"	53: The first life-threatening situation is heart attack or any of its signs, such as strong chest pain.

Visual	Audio
"Serious injury"	54: Second, accidents--home, recreational, or automobile accidents--that involve serious injury.
"Difficult breathing"	55: Third, difficult breathing.
"Unconsciousness"	56: The fourth life-threatening emergency is unconsciousness.
"Gunshot or stabbing wounds"	57: Fifth, gunshot or stabbing wounds.
"Severe burns"	58: Sixth, severe burns.
"Heavy bleeding"	59: The seventh life-threatening situation is heavy bleeding.
Graphic of phone dial	60: If you ever see any of these seven life-threatening situations, call your emergency number.
Close-up of hand dialing	61: Do not call unnecessarily. However, when in doubt, call your emergency number.
Front of rescue vehicle	62: Your Emergency Medical Technicians would rather have you call in doubt than have further injury or even death result.
Man on garage floor	63: We all, of course, hope we will never have to face a life-threatening situation. But no one can ever know when an emergency will strike.
Graphic telephone with clock face	64: When an emergency does strike, every second can count. The quickest way to summon aid is by telephone. So be prepared.
Inside front cover of phone directory	65: Know the emergency number that will set your Emergency Medical Services Team into action. Know where to find it. Write it down on or near your telephone.
Close-up of child dialing	66: Teach your family members how to use your emergency phone number. The life of someone you love could depend on knowing what number to call.
Emergency number	67: This is your emergency number. Your Emergency Medical Services Team is ready to help you.
Credits	68: (Music)
Black	69:

SCRIPT B

(aprox. 12 min.)

EMERGENCY MEDICAL SERVICES
SLIDE/TAPE PRESENTATION

Public Education Project
in cooperation with the
Region J Emergency Medical Services Committee
and the
State Office of Emergency Medical Services

EMS SLIDE/TAPE PRESENTATION

Visual		Audio
Black	1:	
"EMERGENCY"	2:	(Music)
"EMERGENCY"	3:	(Music)
Car and bicycle	4:	(Music)
Car and bicycle accident	5:	(Music)
Man at desk	6:	(Music)
Man at desk, in pain	7:	(Music)
Drano can	8:	(Music)
Drano can and child	9:	(Music)
"EMERGENCY"	10:	We all have a good idea of what emergency means.
Dictionary definition	11:	The definition is simple, and tells us that an emergency is "a sudden need for immediate action," or can describe something "for use in time of sudden need."
People	12:	Whose sudden need? Surely not that of anyone around me, and surely not a need I have--or so we each prefer to think.
People and "we're all okay"	13:	We generally feel secure, feel that we have things under control.
People and red figure	14:	However, each of us might very well at some time face an emergency in which the sudden need is obvious--a need for immediate medical aid.
Red figure and "EMERGENCY"	15:	Such situations do arise. Each of us could be involved in an emergency situation. Sudden illness and injury are facts of life. None of us are immune from them.
Car and bicycle accident	16:	Accidents happen. . .
Man in pain	17:	. . . as does illness. . .
Drano can and child	18:	. . . and as do countless other unexpected and harmful events.
"Life threatening"	19:	Immediate action is needed in the three examples we just saw. Each of them shared a common element--a life was threatened. There are seven main types of life-threatening situations.

Visual	Audio
"Heart attack"	20: The first life-threatening situation is heart-attack or any of its signs, such as strong chest pain.
"Serious injury"	21: Second, accidents--home, recreational, or automobile accidents--that involve serious injury.
"Difficult breathing"	22: Third, difficult breathing.
"Unconsciousness"	23: The fourth life-threatening emergency is unconsciousness.
"Gunshot or stabbing wound"	24: Fifth, gunshot or stabbing wounds.
"Severe burns"	25: Sixth, severe burns.
"Heavy bleeding"	26: The seventh life-threatening situation is heavy bleeding.
Phone and clock face	27: Life-threatening situations must be dealt with immediately. Time is important; each minute or even second can count. The quickest way to summon aid is by telephone. You must act quickly. Call your emergency number.
Page from telephone directory	28: Did you know that there is an emergency number in your community to be dialed for aid in an emergency medical crisis? This number is found inside the front cover of your telephone directory.
Emergency number	29: If and when you need emergency help, call this number immediately. To be able to do so, it's vitally important that you already know the number.
Person dialing	30: Calling your emergency number is the first thing to do in meeting an emergency. Knowing the number guarantees you will not lose time looking for it, and that you will not face an emergency by panicking.
Emergency number	31: Knowing your emergency number could keep a crisis from becoming a tragedy. Dialing this number will set your community's Emergency Medical Services Team into action.
Three colored circles	32: The Emergency Medical Services Team in your area is ready at all times to help you meet emergencies--"for use in time of sudden need." This team is made up of three main elements.
Graphic of telephone dispatcher	33: First, a telephone dispatcher.

Visual		Audio
Graphic of rescue vehicle	34:	Second, two or more Emergency Medical Technicians, called EMTs for short, in an emergency rescue vehicle.
Graphic of medical Caduseus	35:	And, third, the doctors, nurses, and medical technicians in the hospital emergency room. Now, let's set the three parts of this highly-trained team into action.
Man on ladder	36:	Emergencies can occur anywhere.
Man stepping down ladder	37:	Here, common repair work at home. . .
Man catching foot in ladder rung	38:	. . . results in an accident. . .
Man on garage floor	39:	. . . and you are suddenly faced with an emergency situation requiring the quickest possible medical attention.
Graphic of telephone dial	40:	Immediately pick up the telephone and dial the emergency number. That's all it takes to get your local Emergency Medical Services Team on the move.
Graphic of 4 circles	41:	Dialing your emergency number connects you with a skilled telephone dispatcher--the first element of the Emergency Medical Services Team.
Close-up of telephone dispatcher	42:	The dispatcher is highly trained to respond to emergency calls.
Medium shot of telephone dispatcher	43:	He collects specific information from you about your particular emergency.
Woman dialing	44:	After you calmly dial the number and get the dispatcher, your call should sound something like this:
Split screen of woman and dispatcher	45:	(Woman): "I'm calling about a medical emergency. My name is Nancy Parker and I'm calling from 633-5467."
		Give the dispatcher your full name and the number from which you are calling.
		Also, tell the dispatcher the address or location of the emergency:
		"My address is 254 Birch Avenue."
		Now--don't hang up. The dispatcher might have additional questions to ask you.

Visual	Audio
Graphic of 4 circles	46: The dispatcher sets the second part of the Emergency Medical Services Team into action by notifying the rescue squad or ambulance service in your area.
Rescue vehicle leaving garage	47: The dispatcher tells them your location, and any important details about the emergency. The emergency rescue vehicle is dispatched to aid in meeting the medical emergency.
Rescue vehicle on the road	48: At least two Emergency Medical Technicians are sent in the rescue vehicle to the location of the emergency.
EMT with patient	49: Upon arriving at the scene, the EMTs are prepared to administer whatever on-the-spot measures are appropriate and necessary in order to stabilize the patient.
Two EMTs treating head injury	50: In this case, the head injury is treated first, and a cervical collar applied for possible neck injury.
EMT treating leg injury	51: The EMTs then treat the leg injury. They also apply an inflatable splint to the leg, in case a fracture occurred.
Three EMTs checking patient on backboard	52: The patient is then placed on a backboard. When the EMTs are certain his condition is stable, the backboard is placed on a stretcher.
EMTs placing patient on stretcher	53: The Emergency Medical Technicians are highly experienced in dealing with life-threatening situations. They receive 81 hours of training in delivering emergency medical care. After training and examination, they are certified by the state.
EMT and patient inside rescue vehicle	54: The stretcher is transferred to the van, which is itself an important part of the Emergency Medical Services system. The vehicle carries an array of life-saving and life-support equipment--equipment that enables the EMTs to deal with a range of emergency situations.
Side view of rescue vehicle	55: The rescue vehicle is an emergency room on wheels. With its equipment and with the EMTs in it, the van is a safe and effective means of taking the patient to the actual Emergency Room of your local hospital.
Two EMTs inside rescue vehicle	56: The EMTs administer emergency medical care to the patient throughout the trip to the hospital. Their training, skill, and equipment enable them to do so continually.

Visual	Audio
Rescue vehicle at stop sign	57: The rescue vehicle carries the patient safely. Traffic regulations are obeyed--the van seldom has to speed or use sirens.
EMT on two-way radio	58: One of the most important pieces of equipment in the vehicle is the two-way radio. This radio enables the EMTs to stay in constant contact with the doctors in the hospital emergency room throughout the trip.
Split screen of doctor and EMT	59: (Doctor): "What are the patient's vital signs?" (EMT): "We have a pulse rate of 120 and a BP of 140 over 90."
Doctor on radio	60: This two-way communication enables the doctor in the Emergency Room to advise the EMTs about any additional treatment while the van is enroute.
Nurses in Emergency Room	61: At the same time, this communication system gives the Emergency Room staff early notification of any special equipment that might have to be set up for the patient.
Doctor reading EKG	62: In the near future, this two-way link could be used to send an electrocardiogram directly from the patient to the Emergency Room. This visual record will add to the ability of the Emergency Room to prepare for the needs of each incoming patient.
Graphic of 4 circles	63: The Emergency Room at the hospital, with its doctors, nurses, and staff, forms the third part of the Emergency Medical Services System.
EMTs unloading patient	64: The Emergency Room staff is trained and equipped to receive, and respond to, any sort of medical emergency.
Emergency Room interior	65: The doctors, nurses, and staff, are well-prepared to administer emergency medical care. Like the EMTs, their first purpose is always to save lives threatened by unexpected emergency situations.
Nurses in Emergency Room with patient	66: The staff of the Emergency Room diagnoses and treats the patient appropriately. The patient is then moved as soon as possible to that part of the hospital equipped for later continuing care.

Visual		Audio
Graphic of 4 circles	67:	You have now seen the three parts of the Emergency Medical Services Team in action.
Medium shot of dispatcher	68:	The dispatcher.
EMTs leaving rescue vehicle	69:	The Emergency Medical Technicians in their rescue vehicle.
Nurses in Emergency Room with patient	70:	And the staff in the Emergency Room. This team provides you with the best possible aid in meeting a medical emergency.
Graphic of 4 circles and blue figures	71:	You are the most important link in the system. You must know how to put this skilled team to work as quickly as possible.
Emergency number	72:	Know your emergency number. Also, keep it written down on or near your telephone.
Family discussion	73:	Take tne time to teach the emergency number to each member of your household. Practice the number and show family members where they can quickly find it. Your family must know how to meet an emergency situation.
Child dialing	74:	Everyone in your family old enough to use a telephone should be prepared for an emergency. Make certain your family knows the emergency number. Make sure you know it, too.
"Life threatening"	75:	In an emergency, every second counts. When in need, use your emergency phone number. Do not call unnecessarily. However, when in doubt, call the emergency number.
Close-up of rescue vehicle	76:	Your Emergency Medical Services Team would rather have you call in doubt than have further injury or even death result.
Emergency number	77:	We can all hope we will never face a life-threatening situation. But emergencies do strike in our lives. Know your emergency telephone number. Your Emergency Medical Services Team is ready to help you.
Credits	78:	(Music)
Black	79:	

APPENDIX R
LESSON PLANS (THREE LEVELS)

PUBLIC EDUCATION PROJECT
Emergency Medical Services
Chapel Hill Main Farm Road
Chapel Hill North Carolina 27514
919 933 2[illegible]

Teacher's Guide
Pre-school to Grade 3

Objective: To teach children how to react during an emergency, enabling them to get help without panic. To enable children to have an understanding of what their emergency number will do.

Teaching Aids: Coloring Book
Play Telephones (if available)
Brochures and pamphlets to take home.

I. Basics the Child Must Learn

A. Name: First and Last

B. Address: House number, street, and town.

C. Phone Number

D. How to dial the emergency number.

II. Use of the Coloring Book

A. Picture of Boy and Girl

1. Children color the picture of the boy or girl, whichever they happen to be.
2. Child writes his/her full name in the space provided.

B. Picture of a house.

1. Children color the picture of the house.
2. Child writes his/her address in the space provided.

C. Pictures of telephones.

1. Children color the picture of the telephone they have in their homes.
2. Child writes his/her phone number in the space provided.

D. Picture of a child dialing the emergency number.

1. Children color the picture.
2. Explain why the child should call the emergency number.
   a. to get help in an emergency.
   b. dispatcher is trained to send help.
3. Explain what information the child must tell the dispatcher.
   (Stress the following order.)
   a. Name
   b. Address
   c. Phone number from where the child is calling.
   d. What happened.

4. If play phones are available, let the children practice dialing the emergency number.

   a. Using the play phones, the children take turns with each other or with the teacher being the dispatcher or the caller.

   b. Stress that once the child has called for help, he/she should *remain on the phone* to answer the dispatcher's questions. (The dispatcher will calm and reassure the child until help is sent.)

E. Emergency Phone Numbers

1. Show the children the emergency phone number stickers, (if available).
2. Explain that it is important to call for help in a medical emergency.

F. Picture of a scared child.

1. Children color the picture.
2. Discuss why the child in the picture will be of no help.

   a. Child in picture does not know what to do.

   b. Child will be of no help if he/she panics.

   c. It is natural to be scared, but if the child does not panic, he/she can get help.

G. Picture of child with assistance at home.

1. Children color the picture.
2. Discuss what the child in the picture did in order to get help.

H. Final Page

1. Children fill in the final page.
2. Ask the children how many phones are in their homes, in order to give out enough stickers (if available).
3. Hand out additional information for children to take home.

PUBLIC EDUCATION PROJECT
Emergency Medical Services
Chapel Hill Mason Farm Road
Chapel Hill North Carolina 27514

(919) 933-2336

Teacher's Guide
Grades 4-6

Objective: To teach children how to react during an emergency, how to get medical assistance without panic, and when to call for assistance.

Teaching Aids: Slide/tape presentation describing the EMS System. Overhead transparency for identifying life-threatening situations.

Pamphlets and brochures describing the system and telling when to call.

I. Slide/tape

A. Show the slide/tape.

B. Discussion concerning the EMS system and what it consists of.

II. Identifying life-threatening situations.

A. Work through overhead transparency which describes each life-threatening situation.

B. Discuss various examples of each of the following situations:

1. Heart Attack
2. Difficult Breathing
3. Gunshot or stabbing wounds
4. Unconsciousness
5. Burns
6. Accidents
7. Serious Bleeding

C. Discuss situation where emergency help is not needed.

1. Bruises and scrapes
2. Bad colds or flu
3. Etc.

D. Show overhead again and ask students to identify the life-threatening situations shown.

III. **Dramatizations — children playing the roles.**

A. Situation. Your mother and sister are shopping. You and your father are in the yard, building a tree house. Your father accidently falls out of the tree. You run to the house to call for help.

1. Discuss how the child handled the situation.
2. Information given:
   a. Name
   b. Address
   c. Phone Number
   d. Type of aid needed.
3. Discuss how panic can change what the child does.

B. Situation. Local ambulance service receives call for aid. Previous information given. Respond to call but cannot find the house. Directions wrong. Included as situation progresses.

1. House number — easily seen from street both day and night.
2. Written directions to house if difficult to locate.
3. Emergency number and directions by each phone in the house.

IV. **Information**

A. Hand out printed information for parents.

1. EMT's Could Save YOUR Life!
2. Emergency Medical Services brochure.
3. Preparedness card (with wallet card attached).
4. Emergency phone number sticker (if available).

B. Tell children to check their homes for house number and to place emergency stickers by all phones.

C. Satisfy any unanswered questions or postpone the discussion until another day to have the students think of questions.

PUBLIC EDUCATION PROJECT
Emergency Medical Services
Chapman Old Mason Farm Road
Chapel Hill North Carolina 27514
(919) 933-23

Teacher's Guide
Grades 7-12

Objective: To teach students how to recognize and handle a medical emergency.

Teaching Aids: Slide/tape presentation about the EMS System. Overhead transparency showing seven life-threatening situations. Brochures and handouts about EMS.

I. Slide/Tape

A. Show slide/tape presentation.

B. Discuss the components of the Emergency Medical Services system.

II. Home Emergencies

A. Be prepared before the emergency occurs.

1. Talk over with the family what to do in an emergency.
2. Emergency numbers by each phone.
3. Directions to home by each phone if home does not have a house number or street.
4. House numbers that can easily be seen from the street day or night, or some identifying feature in rural settings.

B. Information to be given when calling for help.

1. Don't panic; give information in the following order:
   a. Name
   b. Address
   c. Phone number
   d. Type of aid needed.

III. On the Road

A. Approaching emergency vehicle

1. Move to the right shoulder of the road and stop.
2. When emergency vehicle has passed, proceed with caution.
3. If unable to stop, move as far to the right of the road as possible, and allow the emergency vehicle to pass.
4. Never pull in front of an emergency vehicle.
5. Never follow an emergency vehicle.
6. If students are not old enough to drive, they should be told to relate the above information to their parents.

B. Accidents

1. If you witness an accident, stop and give aid. This is required by law in N. C., as in most states.
2. Call the police or highway patrol for help.
   a. tell them you are calling about an accident.
   b. type of aid needed.
   c. location of injured people.
   d. number of injured people.
3. Never move a severely injured person unless trained to do so or unless the person's life is immediately threatened by, for example, fire.
4. Type of aid given in most cases should be limited to:
   a. Calling for qualified aid.
   b. Calling for help with life-threatening injuries.
   c. Reassuring the victims.
5. Remain at the scene until told you are no longer needed.
6. Do not stop at an accident if help is already there.
7. Keep your eyes on the road, not on the accident.

IV. Identifying life-threatening situations

A. Work through the overhead transparency which depicts each life-threatening situation.

B. Discuss various examples of each of the following emergencies:

1. Heart attack,
2. Difficult breathing,
3. Gunshot or stabbing wounds,
4. Unconsciousness,
5. Burns,
6. Accidents (home or auto),
7. Serious bleeding.

C. Encourage students to relate life-threatening situations from their own experiences.

D. Discuss situations where emergency medical help is not needed.

1. Bruises and scrapes
2. Bad colds or flu.
3. Sprains, etc.
4. Times when people just want to get to the hospital, such as for appointments.

V. **Local Available Emergency Care**

A. Discuss what local emergency medical care is available in your area.

B. Discuss what training the personnel have had.

C. Explain who can become an Emergency Medical Technician (EMT).

1. Must be 17 years old to take the course.
2. Can be certified when 18 and a member of a rescue squad.

VI. **Printed Material**

A. Hand out:

1. "EMT's Could Save YOUR Life!"
2. Emergency Medical Services brochure.
3. Preparedness card and attached wallet card.
4. Emergency Phone Number stickers (if available).

APPENDIX S
LISTS OF LOCAL AND CIVIC GROUPS
CHECKLIST FOR COUNTY GROUPS

Possible Organizations or Groups That Could Be Contacted About Presentations:

Agricultural Clubs

American Legions

Associations of Retired Persons

Bicycle Clubs

Boy Scouts

B.P.O.E.

Churches and Church Groups

Civil Air Patrol

Civitan Clubs

Extension Homemakers Clubs

Future Farmers of America

Future Homemakers of America

4-H Clubs

Girl Scouts

Kiawanis Clubs

Knights of Columbus

Libraries

Lions Clubs

National Farmers Organizations

Newcomers Clubs

Odd Fellows

P.T.A. Groups

Red Cross

Rotary Clubs

Schools

Sertoma Clubs

Women's Action Groups

COUNTY COMMUNITY ORGANIZATIONS

The success of this Public Education Project depends upon a considerable effort at the county level. To make this program successful, you must form a Public Education Committee in your county (or strengthen an already existing one) to serve in conjunction with the Region J Public Information Committee and the Project Office. This committee is necessary at a county level to make the materials we develop work efficiently and effectively. To establish a Public Education Committee (PEC) where one does not now exist and/or to strengthen an existing committee, the Coordinator should contact interested, informed, and infludential citizens in the county and bring them together. The time to do this is NOW! The County Public Education Committee will have the following duties and responsibilities:

1. Select and train a cadre of program presenters.

The presenters should, if not already, be made thoroughly familiar with the EMS System that exists in their county and be able to answer questions from the audience concerning the system. A pool of very knowledgeable people already exists in the rescue squads and ambulance services. Close contact with the squads should be maintained and the members used as ambassadors to the communities. This approach will weave the rescue squads and ambulance services into the fabric of the local communities so that the citizens will become aware of the level of service and medical expertise that is available to them. Once the public understands what the Emergency Medical Services System is, then it can determine whether or not it is necessary to improve that service to bring it to an acceptable level of medical care.

2. Encourage, solicit, and provide programs to group meetings in the county.

Appendix A is a list of possible organizations or groups who should be contacted to determine when they would like a presentation to their group on the EMS System in their community. The listing is not meant to be exhaustive, but to suggest a base from which the County PEC can start to compile a list of groups to contact within the community. Some members of these groups may wish to become program presenters. It will be useful for the PEC to identify which organizations or groups have as members people who are also in rescue squads in order to have presenters who are knowledgeable about the organizations to which they are presenting information about EMS.

3. Solicit and coordinate school presentations.

The Project Office will provide the County PEC with a listing of the schools in the county which include grades 10 through 12. A letter will be sent to the principal of each of these schools, offering a presenter to each school with suggestions on how the presentations about EMS could be integrated into the driver education program or health classes and mentioning that such education is legislated by law. County Chairman or a qualified presenter should follow up on the letter and personally visit the principal or school superintendent.

4. Secure and coordinate use of materials and equipment for group meetings and presentations.

Materials in the form of slide/tape presentations and handouts, as well as selected 16mm films, will be available for the presentations. Equipment in the form of a 35mm slide projector, tape player, and 16mm movie projector will be made available to each county. The Project Office will try to ensure that adequate materials are available; however, the County PEC should identify resources available locally for both materials and equipment in order to ensure adequate availability.

5. Coordinate distribution of bumper stickers, telephone stickers, and pamphlets.

During the course of this project, a variety of materials in the print medium will be developed. To ensure full coverage distribution, the county committee should establish distribution sites which will reach the entire county.

6. Solicit human interest stories about EMS service and report to Public Education Project staff.

It will be the responsibility of the committee to make contact with all newspapers in the county and create in them an awareness and interest in the EMS System. The newspaper system in Region J is a powerful communication tool which the committee should use to keep the public aware of the EMS System. Sharing the public interest stories with other counties will enable the public to learn of the EMS Systems not only in their own counties but in the surrounding counties.

7. Actively solicit consumer feedback about the EMS service in a community and share this with the Public Education Project staff.

The Project Office will need to gather this kind of data so that the materials prepared will better satisfy the needs of the public. Information on the materials already prepared as well as any problems or surprises encountered by consumers of the service will provide valuable information for further educational materials.

8. Cooperate with the Public Education Project staff in the development of public education materials.

If the committee identifies a specific need or area where information/education is needed in their locality, they should inform the project office of this need/area as soon as possible and help to determine what sort of materials or presentation would optimally fill or satisfy this need.

9. Report presentations and activities to the Public Education Project Offic

Due to the requirements of the grant, it is necessary to document the progress and presentations that are being made. Appendix B contains a copy of the Presentation Record. These forms will be filled out to cover a two week period and should be mailed to the Project Office. It is necessary for the office to keep track of the training being done to enable a reporting of the progress to the state office.

10. Ensure continuation of the public education effort after the one-year grant ends on August 1, 1976.

It is planned that, after the termination of the project grant, the Public Education Committees that have been set up on a county level will continue to function. The materials that the project staff will have developed will have a longer life than just the one year and should be used over and over to keep community groups informed. The committee will carry on with the presentations to community groups.

The above is a listing of the duties and responsibilities of the County Public Education Committee. The role of the County Coordinator will be as follows:

1. To ensure the development of a County PEC.

2. To help the committee in identifying organizations and groups within the county who would be aware of the need to know more about the EMS System.

3. To help organize and train a cadre of knowledgeable individuals who would devote a portion of their time to the making of presentations about EMS and leading discussions on the EMS System in the county.

4. To help in scheduling these presentations.

5. To prepare reports on all presentations in the county and ensure their delivery to the Project Office in a timely manner.

Time Frame

It is necessary for the County Coordinators to begin at once to develop the County PEC, and also to establish the cadre of presenters. Prior to the second week of January, 1976, materials for the presentations will be prepared and/or identified for use in the county groups. Material development will continue beyond this time but initial presentations should begin about this date. This means that arrangements for the scheduling and record-keeping will have had to be made prior to this time. Even though the project will officially be ended on August 1, 1976, it is hoped that the scheduling of presentations will continue after that time. So then, the time frame for presentations is essentially non-terminal, with a starting point occuring sometime in the latter part of January.

It is a moot point as to whether those counties with a large population should have more presentations or, whether as hoped, the larger counties will have more individuals attending each presentation. In an effort to give some indication of the number of presenters needed for each county, let us assume that this latter case will be the rule. This means that, in a six month period, each county will be responsible for something on the order of 300 presentations to interested groups. This breaks down to 50 presentations per month on the average. This also means that, if the cadre consisted of 50 presenters, each would make one presentation per month for six months. The following table indicates the number of presenters present in the cadre and the number of presentations for each.

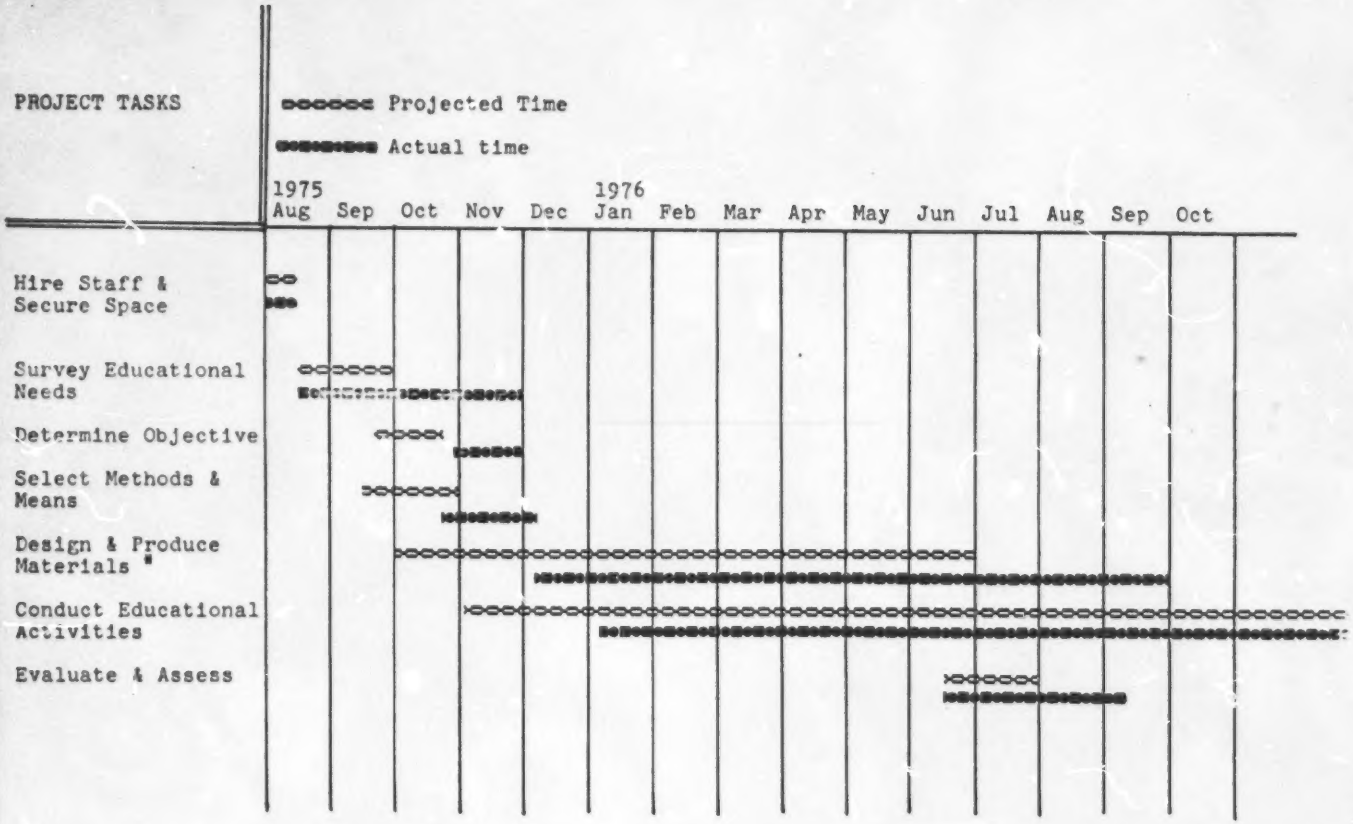
Number of Presenters	Presentations per month
50	1
25	2
17	3
13	4
10	5
8	6
7	7
6	8
5	10
4	12
3	17
2	25
1	IMPOSSIBLE!

Summary

In summary then, the responsibilities of the County Public Education Committee shall be the following:

1. Select cadre of program presenters.
2. Train program presenters.
3. Solicit group meetings (be sure to see that county is well covered).
4. Respond to request for programs.
5. Solicit and coordinate school presentations.
6. Secure equipment and materials for group presentations.
7. Coordinate use of materials and equipment for group meetings.
8. Coordinate distribution of:
   a. Bumper stickers
   b. Telephone stickers
   c. Pamphlets.
9. Solicit human interest stories about EMS system and report to Public Education Project Staff.
10. Solicit feedback from consumers on EMS system and report to Public Education Project Staff.
11. Cooperate with Public Education Project Staff in development of public education programs.
12. Report activities to Public Education Project Staff.
13. Ensuring continuation of public awareness program.

APPENDIX T
TIME ESTIMATES



*See Figure 2 for a more detailed display of "Materials" item.

FIGURE 1

MATERIALS DESIGN, PRODUCTION, AND DISTRIBUTION

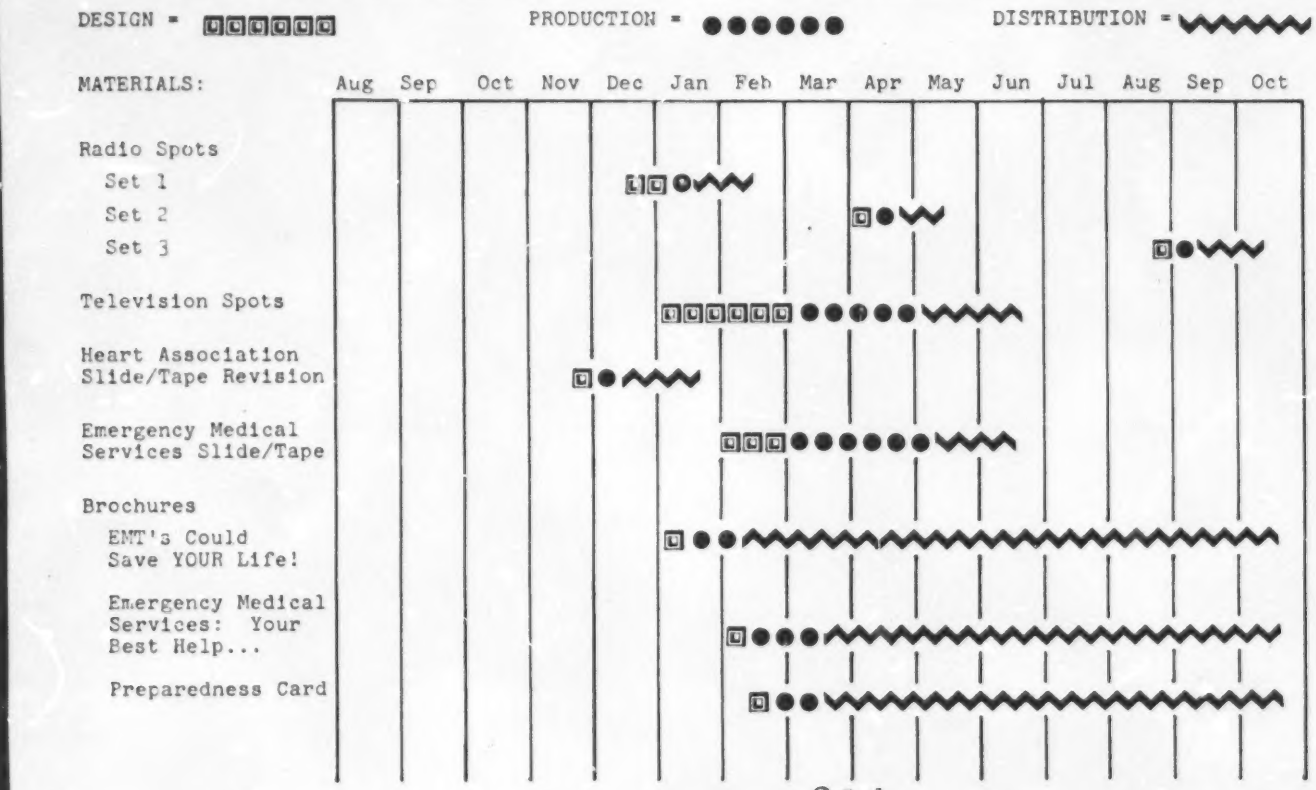
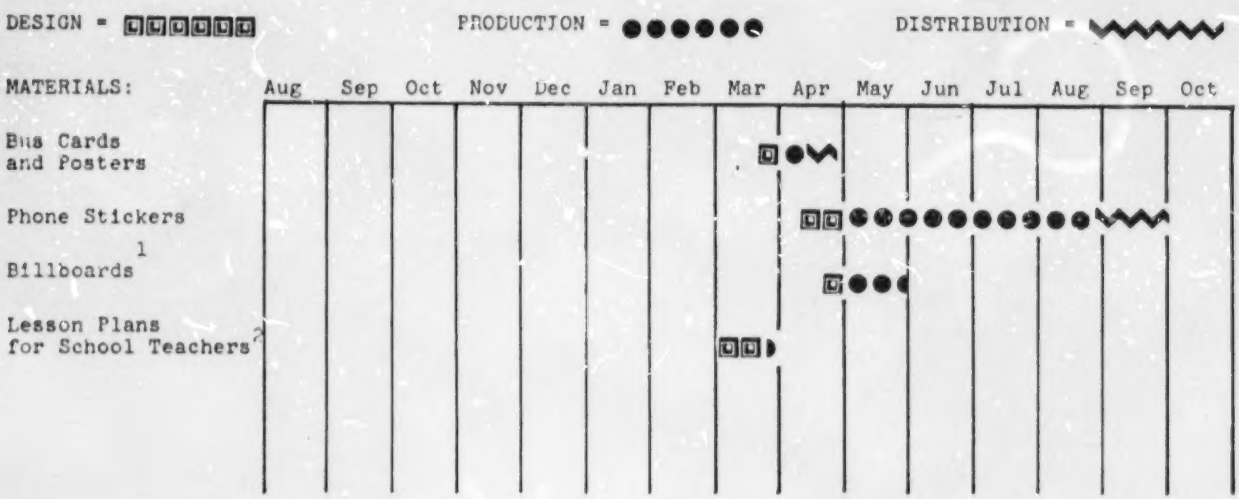


FIGURE 2

MATERIALS DESIGN, PRODUCTION, AND DISTRIBUTION



[1]Due to a lack of public service billboard space during a presidential and governor election year, the billboards will be displayed when space becomes available in November 1976.

[2]The production of multiple copies and the distribution to the regional schools has been proposed as a project for the Region J Emergency Medical Services Council.

FIGURE 2 CONTINUED

APPENDIX U
PRESENTATION REPORT FORM

PRESENTATION RECORD

COUNTY: _____ FOR TWO-WEEK PERIOD ___/___/___ (BEGINNING) TO ___/___/___ (ENDING)

GROUP NAME	APPROX. NO. ATTENDING	MATERIALS USED	LENGTH OF PRESENTA.	PRESENTER'S NAME & ORGANIZATION

SUBMITTED BY: _____
COUNTY COORDINATOR

_____
DATE